

Name
in
Full

Thomas Gitting Buchanan Allert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death 1902		Month	Day	Years		Months	Days	
August		6th	Age one		0	3		
Sex		Color or Race		Birth-place				
Boy		white		Baltimore City				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name				Father's Birthplace				
J. Taylor Allert				Balto City				
Mother's Maiden Name				Mother's Birthplace				
Mary G. P. Buchanan				" City				
Name of person giving information				How related to deceased				
J. Taylor Allert				Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

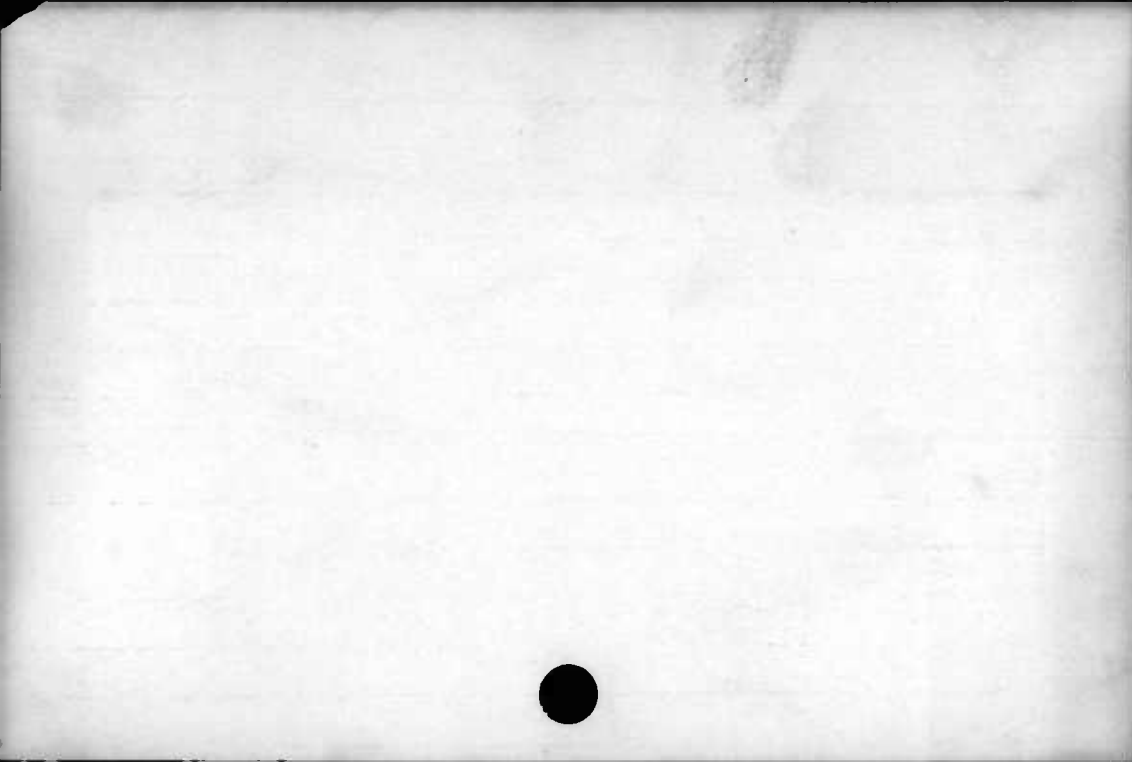
Primary	Gastro-Enteritis	How long	5 mos.
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		L. M. Allen M.D.	
		Address	
		1919 3rd. Ave.	
Accident or Suicide?			

Dr. Allen

Co. Mt Ave & 20th Sts

1919 Mt. Ave.

Name in Full		Bettie Allen				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Catonsville		County		Baltimore	
	Date of death 1902		Month	Aug	Day	23	Age	40
	Sex		Female		Color or Race		Black	
	Married, Single or Widowed		Widowed		Occupation		—	
	Name of Wife or Husband		Wm Allen					
	Father's Name		—		Father's Birthplace		—	
	Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		bet					How related to deceased	—
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		apoplexy				How long	—
	Immediate		Cataplexy				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. H. Stultz M.D.	
					Address		Catonsville Md.	
	Accident or Suicide?							



Name in Full

Certificate of Death

Carroll Anny Ash

Died at ^{Town} *Bayton* ^{County} *Balto* MARYLAND

Date 1902 ^{Month} *Aug* ^{Day} *20* Age ^{Y.} *0* ^{M.} *10* ^{D.} *14* Native of *md* Occupation *ch*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *0*

Husband of *—*
 Wife

Father's Name *Frank Ash* Mother's Maiden Name *Annie Carbock*

Cause of Death { Primary *Congestion Chicle* 179 How long sick *2 days*
 Immediate Accident, Suicide, Homicide

Reported by *John W. Hanson md*
 Address *Middle Run md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Martha Badger

Town

County

Died at

Knoebel

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

aug. 9

Age

—

1

—

md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

John Badger

Mother's

Maiden Name

Amy

B. Harvey

Cause of

Primary

Leucorrhoea

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Mrs. J. S. Sittins M. S. L.
Sittins Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79828

Ernest Baker

Town

County

Died at

Annapolis

Baltimore

MARYLAND

Date 19

02 August 2

Age

37

Native of

Laber

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Elizabeth Baker

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Drowned

How long sick

Death

Immediate

Drowned

Accident, Suicide, Homicide

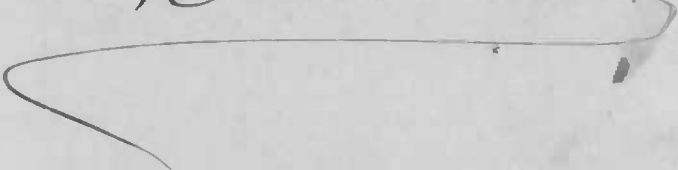
Reported by

John A. Levenson Jr. Coroner

Address

606 Eastern Ave. Highland Park Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Williams
North Street Ann


Name in Full

Certificate of Death

Mary E Barrow

Died at 147 Throspick Ave Baltimore County MARYLAND

Date 1902 Aug 15 - Age 3 Native of America Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name H. E. Barrow

Mother's Name A. R. Barrow

Cause of Death Primary Cerebro Spinal Meningitis How long sick 14 months

Immediate Cerebral Apoplexy Accident, Suicide, Homicide

Reported by J. A. Kelley M.D.

Address 3523 Chestnut Ave Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

AS Man Hall

Larnest Hill Md
Aug 17-02

Certificate of Death

Town

County

Oranville Baltimore

MARYLAND

Date 19

02 August 11

Age

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Labrador

Ensemble



Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name _____

Maiden Name

Cause of

Primary

Struck by Lightning

How long sick

Death

Immediate

Accident. [REDACTED]

Reported by

John Haven H. Leary

Address

606 Eastern ● over Highland Tenn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Philip Inglahart
Mt Carmel

Name
in
Full

CERTIFICATE OF DEATH

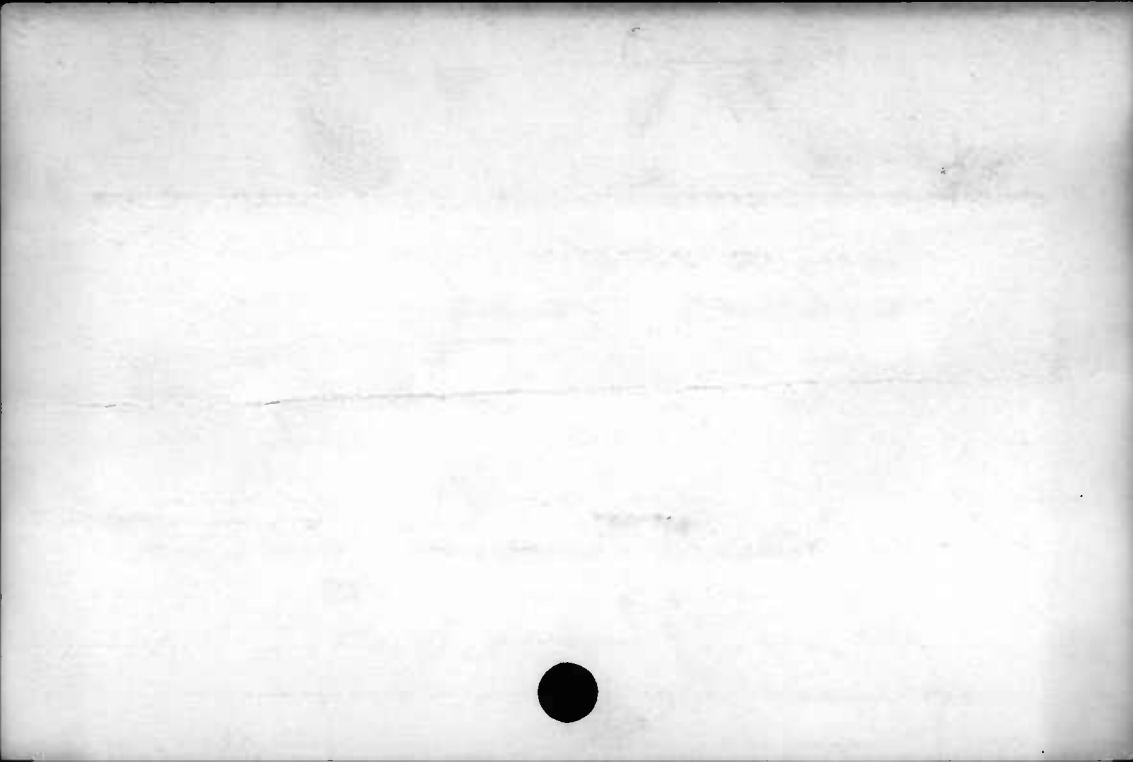
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ida Beaudet</i>		Town <i>Granite</i>		County <i>Baths</i>		MARYLAND	
Died at <i>Granite</i>		Month <i>Aug</i>		Day <i>15</i>		Years <i>19</i>	
Date of death 190 <i>2</i>		Month <i>Aug</i>		Day <i>15</i>		Years <i>19</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Allegheny Pa</i>		Months <i>5</i>	
Single <i>Single</i>		Occupation <i>none</i>		Days <i>2</i>			
Name of Wife or Husband <i>Single</i>							
Father's Name <i>George E Beaudet</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>Adeline Chapman</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Rev. Father Kelly</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary & Intestinal Tuberculosis</i>	How long <i>about</i>
Immediate <i>Exhaustion</i>	How long <i>1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. J. Stapley, M.D.</i>
	Address <i>Granite, Md</i>



Mary L Beazley

Town

County

Died at

Hathbrook

Balls -

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 3

Age 25-0-16

US

Housewife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chthisis Pulmonalis

How long sick

about 6 mos

Death

Immediate

Collapse

Accident, Suicide, Homicide

Reported by

Mr H F Johnson M D

Address

Cor Chestnut & 1st Ave Balls -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. S. Upshall
273 Fall Road
Londan Park
Aug 4-1902

Name in Full

Certificate of Death

Died *And. G. Beck*

39

Died at *Marcell Park* *Balto*

MARYLAND

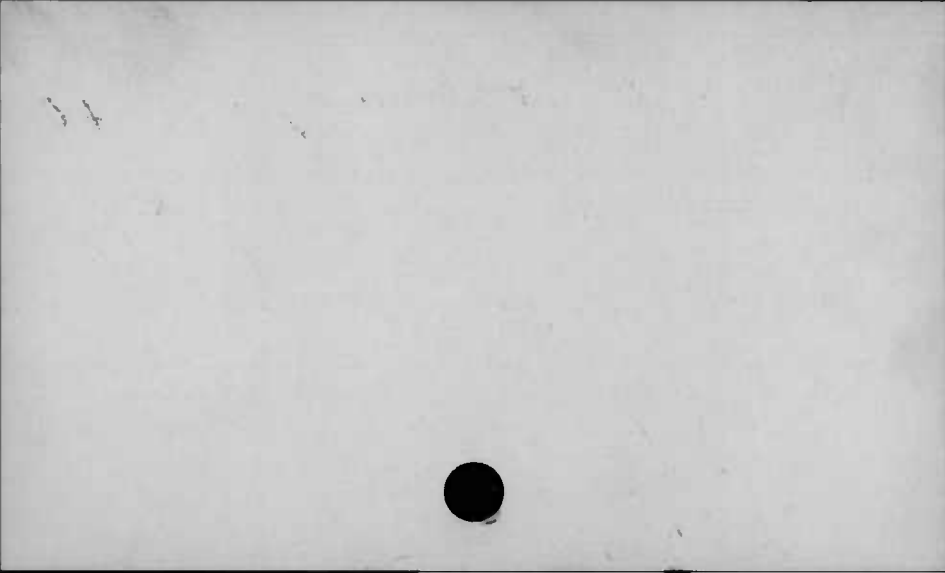
Date 19*02* *Aug* *30* Age *47.7* *14* *Balto* *Hostler*
 Male White Married ~~Widow~~ Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *none*

Husband of *Lena Beck*
 Father's Name *John G. Beck* Mother's Maiden Name *Mary Thomas*

Cause of Death { Primary *Pneumonia* 93 How long sick *10 days*
 Immediate *Heart failure* ~~Accident Suicide Homicide~~

Reported by *H. E. Kniff M.D.*Address *1002 W. Lannvale St.* *Balto*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John M. Becker

29

Town

County

Died at Washington Rd. Mt Winans Balto Co MARYLAND

Date 1902 Aug 3rd 1902 Age 52 years Balto Md Taylor
 Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Mary. Becker
 Wife

Father's Name A. G. Becker Mother's Maiden Name Elizabeth Schumacher

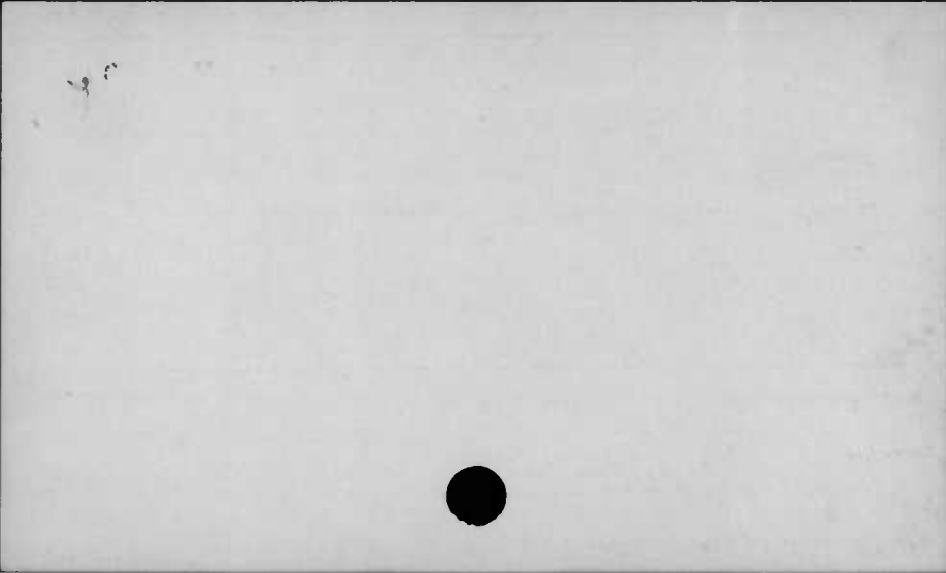
Cause of Death { Primary Phthisis Pulmonalis How long sick 2 months & days.
 { Immediate Asthenia 2 Accident, Suicide, Homicide

Reported by Bernhard Vogel M. D.

Address 522 Pearl St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Mary E Beckett

Town

County

Died at

Mt Hope Retreat Balto-

MARYLAND

Date 19

02

Month

8

Day

16

Y.

M.

D.

Age

52

Native of

Balto

Occupation

Gen. Housework

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Main Chronic

How long sick

over 2 yrs

Death

Immediate

Ex. Status Epilepticus

Accident, Suicide, Homicide

Reported by

Frank J. Flannery M.D.

Address

Mount Hope Retreat Mt Hope Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75955



Prudence Rebecca Belderson

Town

County

Berger

Balto

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 19

Age

70-10-2

Ind

H W

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William H. Blakney

36

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single as Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

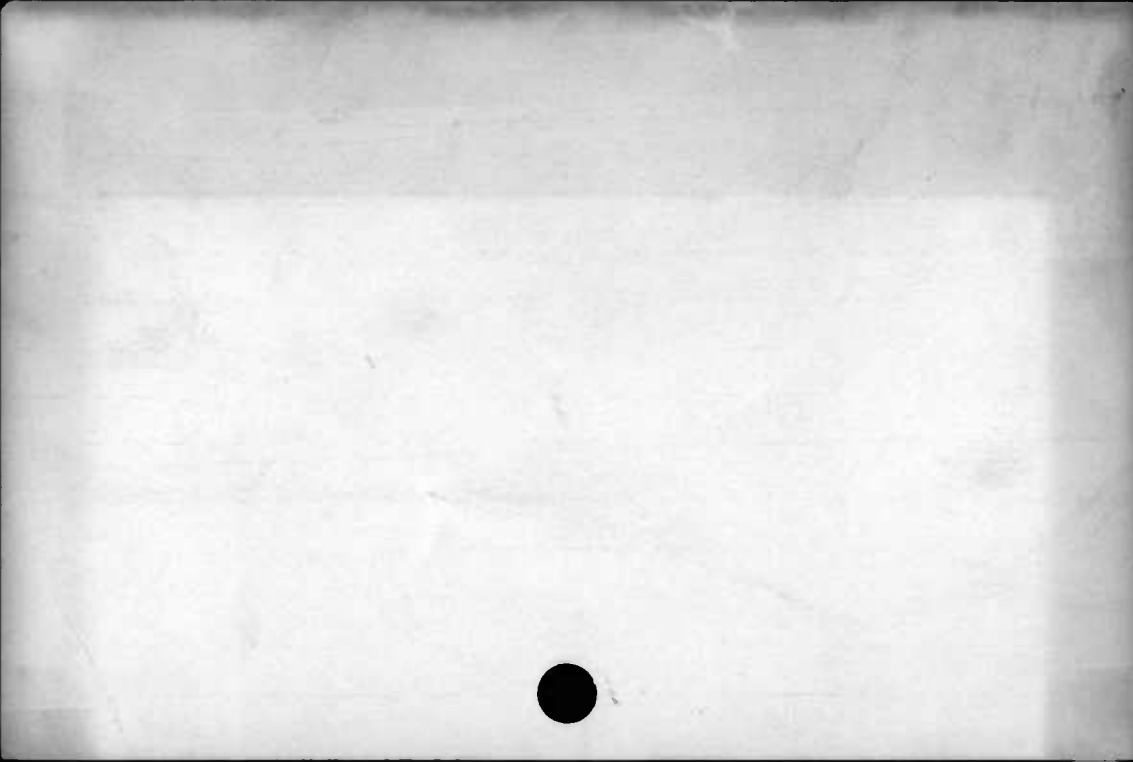
Male
8
19
50
Md.
Laborer.
Mary Ellen Blakney
Eliza Limpsom
None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes.	Address
Accident or Suicide?	

Heart Failure 179
Coroner.
August W. Miller
Mr. Winans Md.



Name
in
Full

John Irving Blaney

CERTIFICATE OF DEATH

Died at ^{Town} Catonsville^{County} Baltimore County

MARYLAND

Date
of death 190 2Month
AugustDay
27

Age

Years

Months

10

Days

10

Sex

Color or
Race

white

Birth-
place

Howard County

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Rhode A & Barbara L Blaney

Father's
Name

Rhode A Blaney

Father's
Birthplace

Howard County

Mother's
Maiden Name

Barbara L Schatz

Mother's
Birthplace

Catonsville

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Enterocolitis 105

How long

6 weeks

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

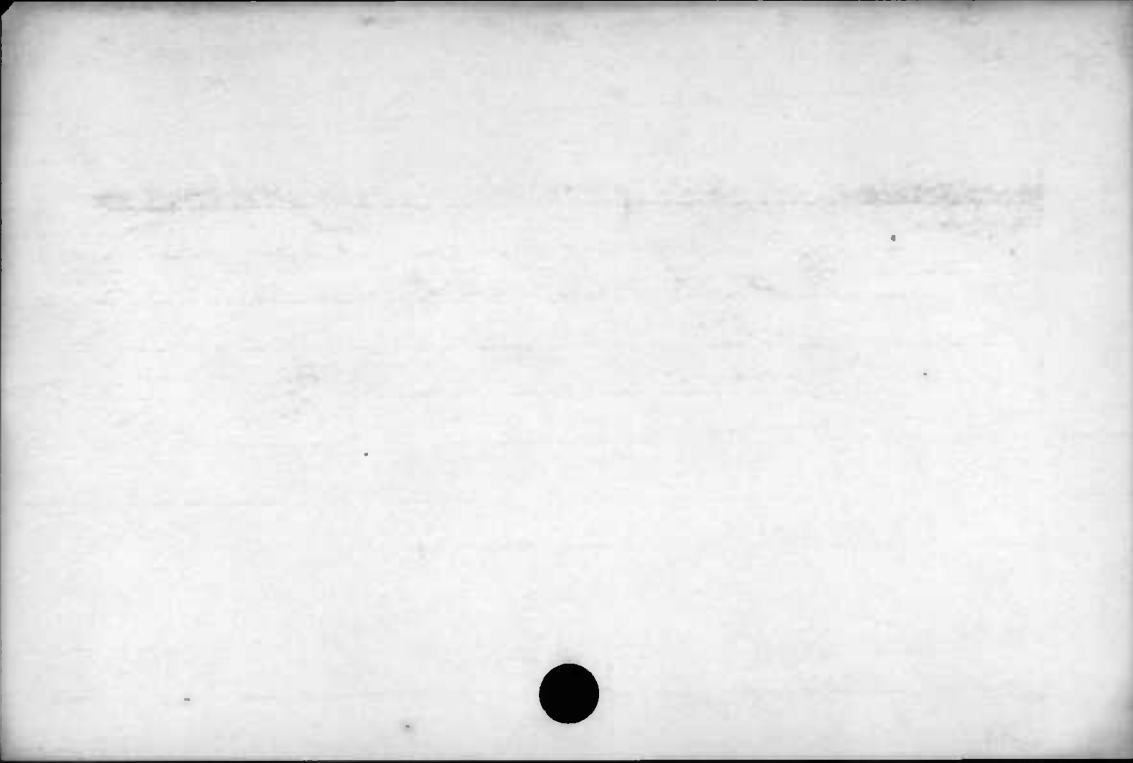
D W Stultz M.D.

Address

Catonsville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

John Boyce
 Died at *Parkview* Town *Clark* County
 Date 1902 *8* Month *22* Day Age *62* Y. M. D.
 Native of *N. C.* Occupation *Soldier*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

MARYLAND

Husband
of
WifeFather's
NameMother's
Maiden NameCause of
Death

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Mary A. Boyle

Town

County

Died at Mt Hope Reformatory Baltimore

MARYLAND

Date 1902 8 25 Age 63 - - Ireland Occupation Housewife.

Male ☒ White ☒ Married ☒ Widowed ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of _____
 Wife _____

Father's Name _____

Mother's Name 108

Cause of Death { Primary Mania Chronic (?)
 Immediate Ex. Intestinal Obstruction

How long sick _____
 Accident, Suicide, Homicide ☒

Reported by Frank J. Flannery M D
 Address Mt Hope Reformatory Baltimore Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808



Name In Full

W. J. Bradley (W. J.)

Died at

St Agnes Sanatorium

MARYLAND

Date	1902	Month	Aug	Day	16	Y.	20	M.	---	D.	---	Native of	Baltimore	Occupation	None
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living						

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death	Primary	Pulmonary Tuberculosis	How long sick
	Immediate	Exhaustion	

Accident, Suicide, Homicide

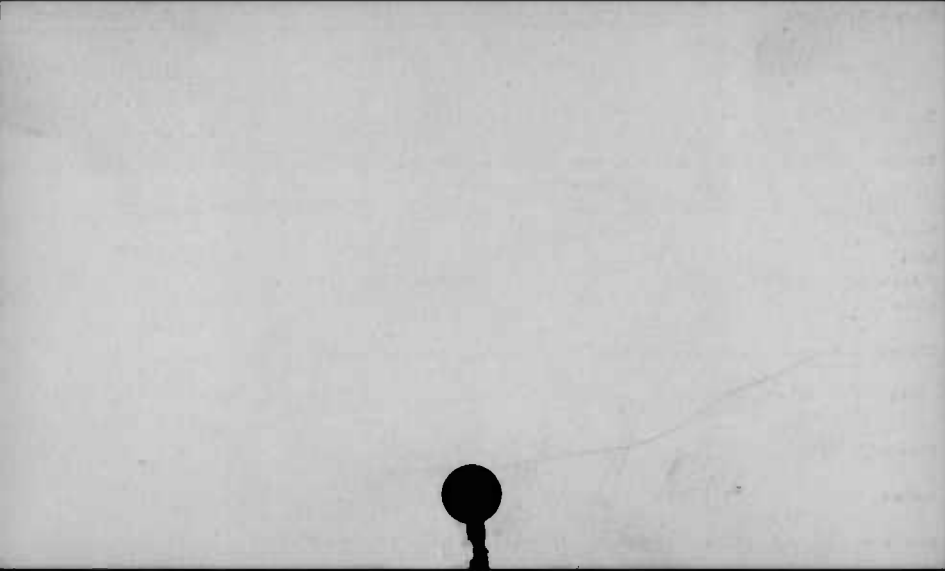
Reported by

J. Ryan M.D.

Address

St Agnes Sanatorium

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Patrick Brennan

Died at ^{Town} St Agnes ^{County} Sanctamin Balt MARYLAND

Date 1902 Aug 17

Month Day Y. M. D. Native of Occupation

Age 46 - - Ireland Laborer

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

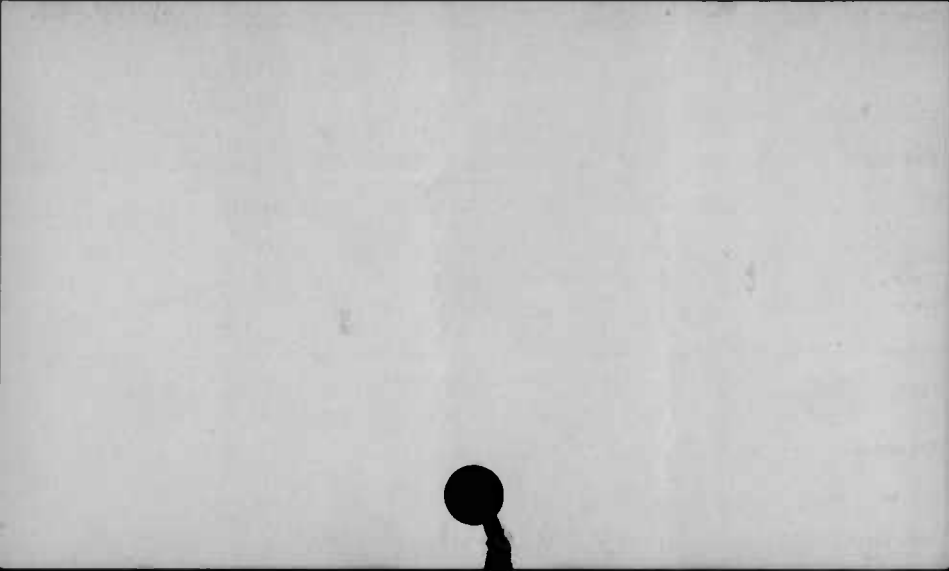
J. M. Ryan M.D.

Address

St Agnes Sanctamin

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Henry Brown

Town

County

Died at

Sparrow's Point

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 19

Age 21

Ta

Laborer

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Malaria and Acute Pericarditis one week

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

H. K. Pettekian M.D.

Address

Sparrow's Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

27

99



Name in Full

Certificate of Death

James Browne

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 28

Age

52 - -

America

Labor

Male

~~Wife~~~~Married~~~~Widow~~

Divorced

Colored

~~Single~~

Widower

Number of children living

Husband
of
WifeFather's
Name

Peter Brown

Mother's

Maiden Name

Mary Ann Brown

Cause of

Primary

Gastritis

How long sick

Death

Immediate

Dilatation of Heart

Accident, Suicide, Homicide

Reported by

Morris Brown

Address

211 Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Sparks Sta reel
A. S. Mearns Hall
3537 & 3539 Fall Road

Name in Full

Certificate of Death

Lyda P Brown

Waterford Va

Died at Town

Towson

County

Baltimore

MARYLAND

Date 19 02 Aug 24

Month

Day

Age 32

Y.

M.

D.

Native of

Va

Occupation

Male White Married Widow ~~Divorced~~

Female

Colored

Single

Widower

Number of children living

~~Hand~~

Wife

Father's Name Joseph P Brown

Mother's Name Malinda Warner

Cause of Primary

Death Immediate Killio on Railroad

~~Accident~~, Suicide, ~~Homicide~~

Reported by Dr R. C. Massenburg Dawson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Inquest held, Aug 25. 1902

Jos. B. Herbert.
Coroner.

Name In Full

Certificate of Death

Robert-Lee Brown

Died at Reisterstown, Baltimore, MARYLAND

Date 1902 Month 8 Day 7 Y. 21 M. E D. 25 Native of Md Occupation Blacksmith

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Jacob G. H. Brown Mother's Name Alice V. Brown

Cause of Death Primary Typhoid fever
 Immediate Collapse

How long sick 5 weeks
 Accident, Suicide, Homicide

Reported by James G. Ford M.D.

Address Reisterstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by _____

Information contained in this certificate re-
ceived from _____

of _____

Name
in
Full

CERTIFICATE OF DEATH

Mary C. Cann.

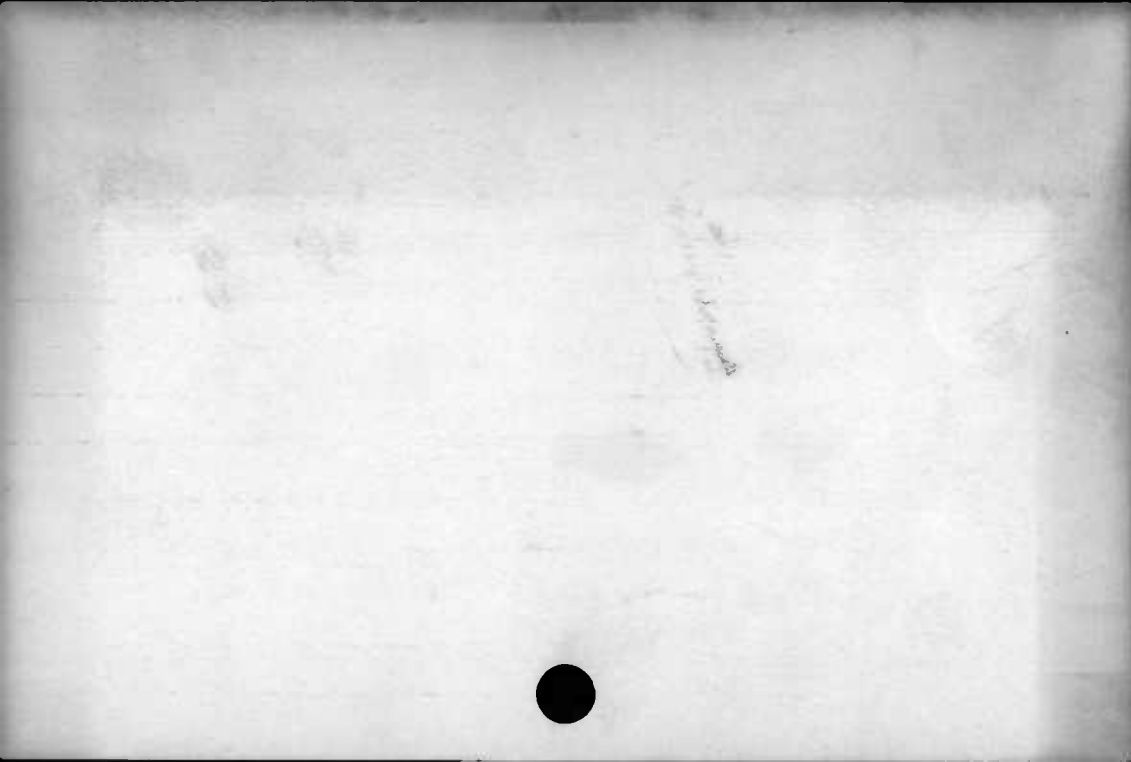
Died at		Leatonville		Date		MARYLAND	
Date of death 1902		Month	Aug	Day	29	Years	55
Sex		Female		Color or Race		white	
Married, Single or Widowed		Married.		Occupation		Maryland	
Name of Wife or Husband		x		Father's Birthplace		x	
Father's Name		x		Mother's Birthplace		x	
Mother's Maiden Name		x		How related to deceased		68	
Name of person giving information							

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Senile Dementia	How long	1 year.
Immediate	Progressive Muscular Atrophy	How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		L Percy Wade	
Address		Leatonville, Md	
Accident or Suicide?		no	

PHYSICIAN
OR CORONER



Certificate of Death

Margaret Moore Causard

County

MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1962	8	22		6	-		Mo	
Male	White	Married		Widow			Divorced	
Female	Colored	Singl		Widow			Number of children living	

Chief of Mr Stewart Leonard

Father's Name	Stuart Leisard	Mother's Name	Mary Jennifer Casson
			How long sick

Cause of	Primary	Indigestion	How long sick	2 minutes
Death	Immediate	Enterocolitis		Accident, Suicide, Homicide

Reported by *W. H. C. Massenburg*
Address *Paulsen*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Moore Cassard.
 Town *Fillmore* County *Calto* MARYLAND
 Died at *Fillmore Road*

Date 1902 *8-22* Month *8* Day *22* Y *Y* M *M* D *D* Age *Infant* Native of *Md.* Occupation
 Male *White* Married Widowed Divorced
 Female *Colored* Single Widowed Number of children living

Husband of
 Wife

Father's Name *G. B. Cassard* Mother's Maiden Name

Cause of Death Primary Immediate How long sick
 Accident, Suicide, Homicide

Reported by *The Calto Co. Cemetery*

Address *Fillmore Rd. Aug 22, 1902*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marie E. Chance

Town

County

MARYLAND

Died at South Level.

Baltimore Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

22

Age

- 4 -

Baltimore Co. Infant -

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

WidowerNumber of children living

Husband

of

Wife

Father's

Mother's

Name

Thomas Chance

Maiden Name

Marie Bruce

Cause of

Primary

Summer diarrhoea

How long sick

1 mo

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

Dr. J. W. Wilson Jr.

Address

Mt. Wilson.

Baltimore Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Chisley
 Town County
 Died at *Spenn Port. Balto.* MARYLAND

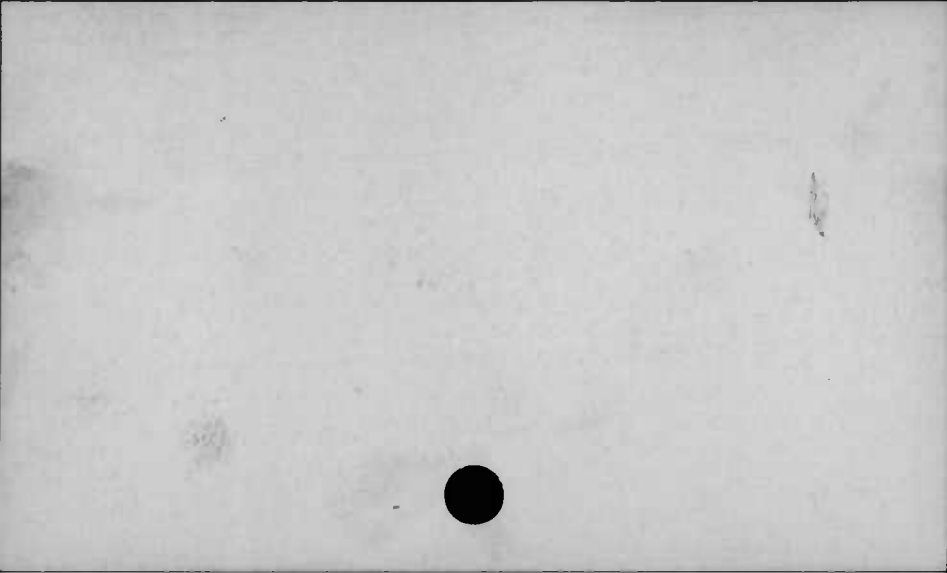
Date 19 *02* Month *Aug.* Day *5* Y. *4* M. *4* D. *4* Native of *md* Occupation *---*
 Male *White* Married *Widow* Divorced *---*
~~Female~~ Colored ~~Single~~ Widower Number of children living *---*

Husband
 of
 Wife

Father's Name *Edmund Chisley* Mother's Name *Mary Beury*
 Cause of Death { Primary *Disease* Immediate *By heart* How long sick *21 days*
~~Accident, Suicide, Homicide~~

Reported by *Frank C. Eldred W.P.*
 Address *Spenn Port*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robert A Cook

Died at ^{Town} Howard Park ^{County} Baltimore MARYLAND

Date 1892 Aug 23 Age 65. Native of Baltimore Occupation Clerk
 Male White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living 7

Husband of Olivia Cook

Father's Name Rev Isaac P Cook Mother's Name Hannah Cook.

Cause of Death { Primary Senility; Exhaustion- 154 How long sick 4 years.
 Immediate Accident, Suicide, Homicide

Reported by Irving Miller M.D.

Address 410 Fidelity Bld. Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Irving Miles

of

Baltimore Md.

Seen by Coroner

of

Information contained in this certificate received

from

The Family

of

Robert A. Cook

Name in Full

Certificate of Death

Died at

Date 19

Male

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Corrigan

Town

County

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Place of

8

4

Age

Married

Widow

Divorced

Single

Widower

Number of children living

White

Colored

Dahoran

Unknown

Maiden Name

How long sick

Accident, Suicide, Homicide

J G Muller

Coroner



Name
in
Full

William Gregory. Coyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumet</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	<u>5</u> <small>Age</small>	<u>1</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>29</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Calumet</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u></u>			
Name of Wife or Husband <u></u>					
Father's Name <u>John. Coyle</u>			Father's Birthplace <u>Balto</u>		
Mother's Maiden Name <u>Mary. Mullin</u>			Mother's Birthplace <u>105</u>		
Name of person giving information <u>Mrs Lockard.</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocardial Infarction</u>	How long <u></u>
Immediate <u>Collapse</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr Charles L. Muffet</u>
	Address <u>Calumet</u>
	<u>Ind</u>
Accident or Suicide? <u></u>	



Name In Full

Certificate of Death

Dasky - Edwin J.

Died at

Town

County

Date

Month

Day

Y.

M.

D.

Native of

Occupation

902

8 2

Age 57

Md.

Miller

Male

White

Married

Widow

~~Single~~

Number of children living

Husband
of
WifeFather's
NameMother's
Name

Cause of Primary

Death Immediate

Dementia
Tuberculosis

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

J. Percy Wade M.D.
Calonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

" of _____

Seen by Coroner _____

of _____

Information contained in this certificate _____

derived from _____

of _____

Name In Full

Certificate of Death

Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Georgetta Dawson

Town

County

Highlandtown

Balto

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

8

17

1

1

D.

Ind

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Mother's

Maiden Name

Primary

Immediate

Indigestion

Convulsions

How long sick

~~Accident, Suicide, Homicide~~

J. C. Schofield, M.D.

1400 Forest St.

This case had no physician and was attended by Mrs. Kane



Name
in
Full

CERTIFICATE OF DEATH

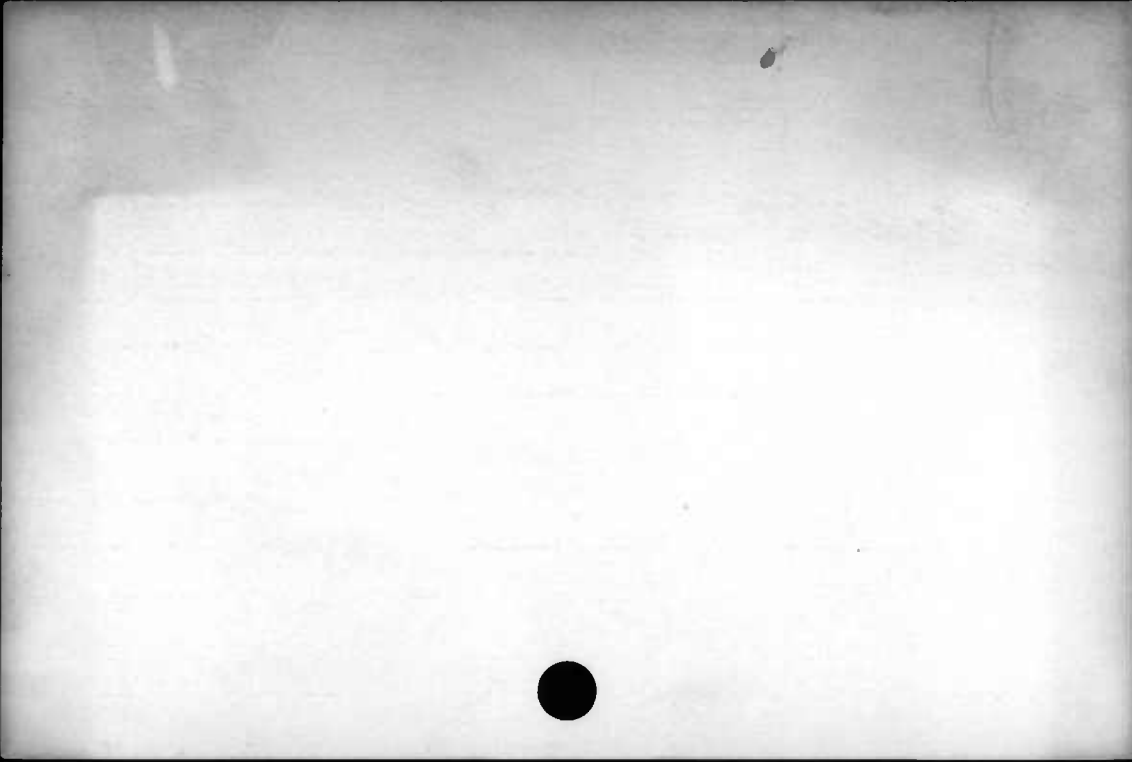
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Debb</i>		Town <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Died at:		Date of death 1902		Month <i>Aug</i>		Day <i>31</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>77</i>		Years <i>77</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Birth-place <i>Baltimore</i>		Months <i>77</i>	
Name of Wife or Husband <i>Went</i>		Father's Name <i>Went</i>		Father's Birthplace <i>Went</i>		Mother's Birthplace <i>Went</i>	
Mother's Maiden Name <i>Went</i>		Name of person giving information <i>Evans & Spencer</i>		How related to deceased <i>Evans & Spencer</i>		Days <i>77</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uremia</i>		How long <i>120</i>	
Immediate <i>Yes</i>		How long <i>1 month</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Whitely</i>	
Address <i>Catonsville</i>		Address <i>Ind</i>	
Accident or Suicide?		Accident or Suicide?	



Name
in
FullJohn Debb
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 190

2

any

31

Age

77

Sex

Male

Color or
Race

White

Birth-
place

Baltimore

Married, ☒or ☒

Occupation

Farmer

Name of Wife or
HusbandFather's
Name

120

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Evans & Shence

How related
to deceased

CAUSES OF DEATH

Primary

Uremia.

How long

1 month

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

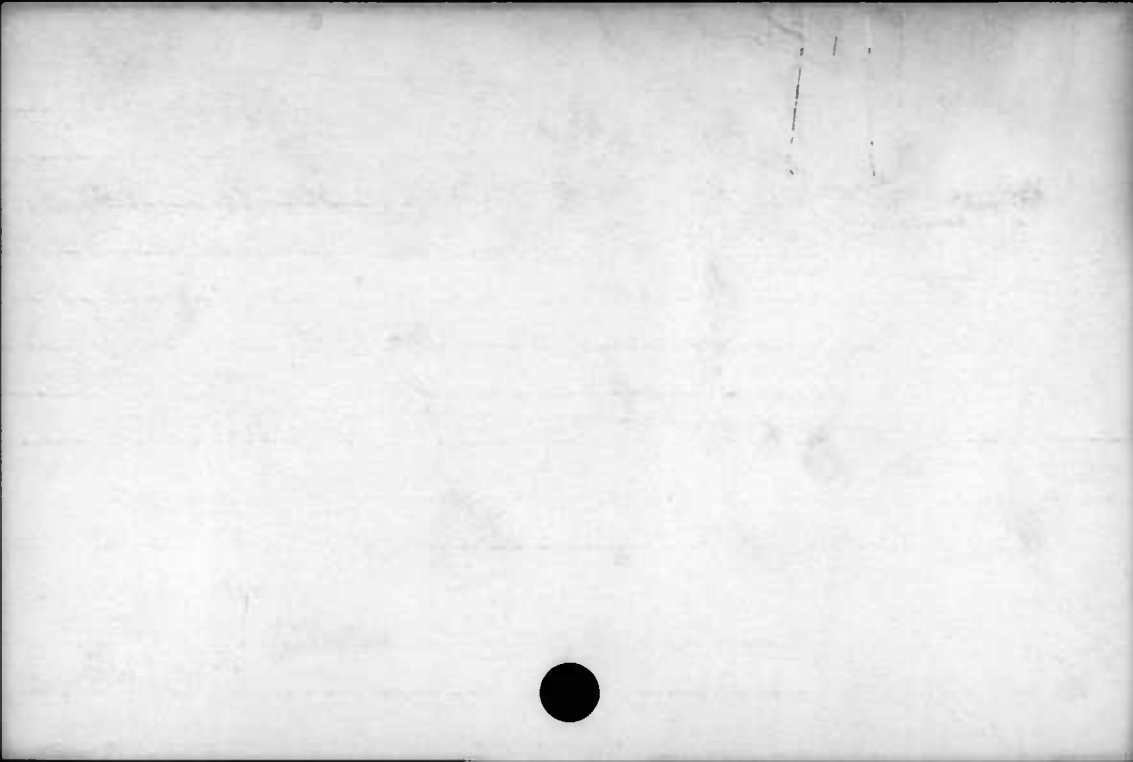
Address

B. Whitley M.D.
Baltimore

md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



John Adam Deboy

Town

County

MARYLAND

Died at Highlandtown Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 5

Age

64

Germany

Stone cutter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living eight

Husband

of

Christina Kiefer

Wife

Father's

Name

Conrad Deboy

Mother's

Maiden Name

Basina Braun

Cause of

Primary

Bright's Disease

How long sick

one year

Death

Immediate

Dysentery & Hip Disease

*Accident, Suicide, Homicide

Reported by

A. C. Heaton M.D.

Address

156 Milton Ave Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart-Cemetery

Aug. 7th 1902

Germanus Traver

Undertaker

Name
in
Full

Charlotte T. de Bullet

CERTIFICATE OF DEATH

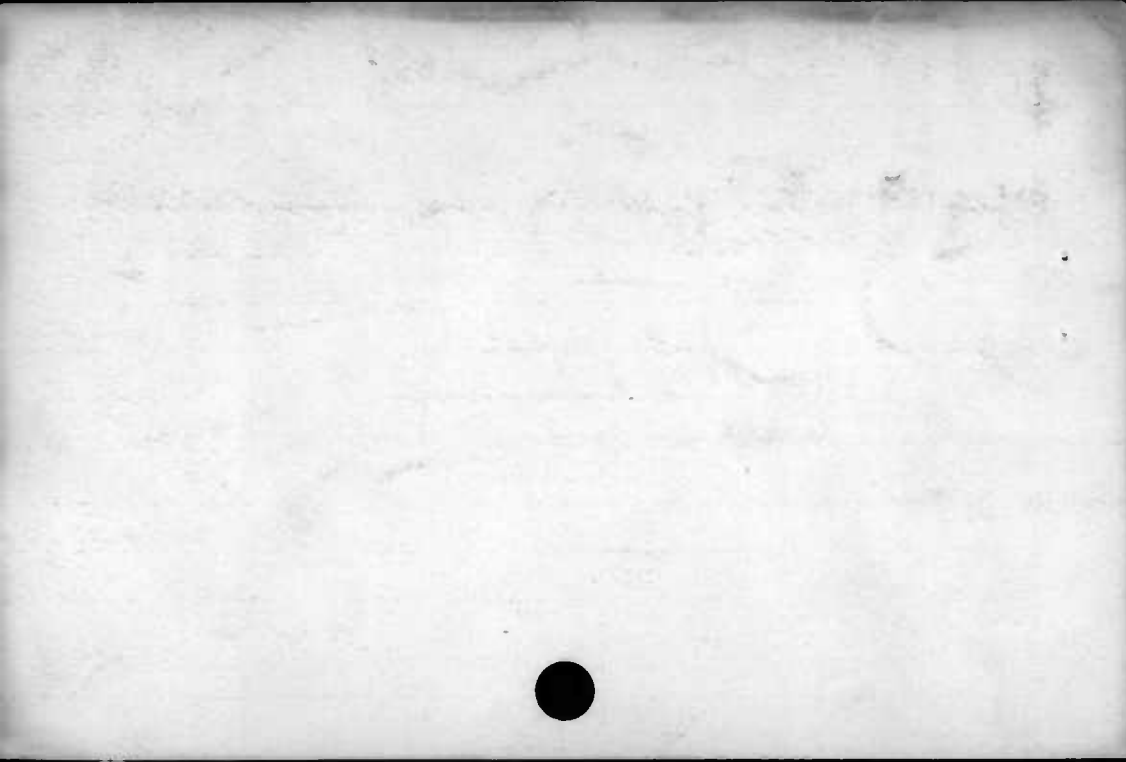
TO BE ANSWERED BY
NEAREST FRIEND

Died at		North Bend		Baltimore		TOWN		COUNTY		MARYLAND	
Date of death		1902		August		5 th		Age		1	
Sex		Female		Color or Race		White		Birth-place		Maryland	
Married, Single or Widowed		Single		Occupation		—					
Name of Wife or Husband		—									
Father's Name		Eugene G. de Bullet		Father's Birthplace		—					
Mother's Maiden Name		Louisa Buchanan		Mother's Birthplace		Maryland					
Name of person giving information		Eugene de Bullet		How related to deceased		Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Gastro-enteritis (necrotic)		How long		about 7 weeks	
Immediate		Sepsis & mania		How long		some weeks	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. J. Lockwood	
				Address		8 E. Eager St	
Accident or Suicide?		—					



Name in Full

Certificate of Death

Name in Full *Marri Drity*

Died at *Palapoo* ^{Town} *Balto* ^{County} *MARYLAND*

Date 19 *02* ^{Month} *8* ^{Day} *2* ^{Y.} *53* ^{M.} *Germany* ^{D.} *housewife* ^{Occupation}

~~Male~~ ^{White} ~~Married~~ ^{Widower} ~~Divorced~~ ^{Number of children living} *1*

~~Female~~ ^{Color} ~~Single~~

Husband of *Theodor Drity* ⁷⁹

Wife *Theodor Drity* ⁷⁹

Father's Name *—* ^{Mother's} *—*

^{Maiden Name}

Cause of Death { Primary *Valvular Lesions of heart* ^{How long sick} *1 year*

Death { Immediate *Paralysis* ^{~~Accident~~ ~~Suicide~~ ~~Homicide~~}

Reported by

Address

J. Schufeldt ^{MD}

1400 Linn St ^{Highland}

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James L. Derrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baltimore</i> Town		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>23</i>	Age <i>21</i>	Months <i>1</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>James Derrick</i>			Father's Birthplace <i>Balt. Co.</i>		
Mother's Maiden Name <i>Ida Norris</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ida Norris</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>8 months</i>
Immediate <i>Cholera Infantum</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Derrick</i>
	Address <i>1 Hawthorne</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Virginia Dobson
 Town County

30.

Died at Relay Bolden

MARYLAND

Date 1902 Aug 8th Y. M. D. Native of Maryland Occupation
 Male White Married Widowed
 Female Colored Single Widower Number of children living-

Husband
 of

Father's Name Roy P. Dobson

Mother's Name Emma C. Dobson

Cause of Death Primary Immediate Convulsions
 How long sick 7 hours
 Accident, Suicide, Homicide

Reported by Arthur Williams Jr.

Address Elk Ridge Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65060



Barbara Dorn

Town

County

Died at

Nixon

Baltimore

MARYLAND

Date 1902 Aug 13 Month Day Y. M. D. Native of Occupation
 Age 81- Domestic

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

General Debility - Age 81

How long sick

Several Months

Death

Immediate

Failure of Vital Forces

Accident, Suicide, Homicide

Reported by

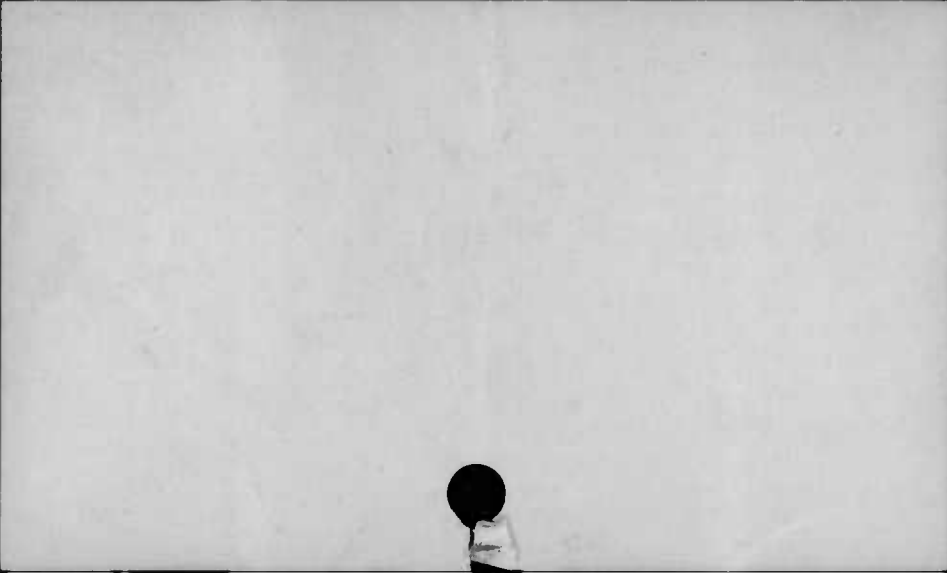
Luisa D. Dorn M.D.

Address

Pikesville

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

J. Hawkins Dorsett
 Died at *Mt Hope Retreat* ^{Town} *Balto Co* ^{County} *MARYLAND*
 Date 19 *02* ^{Month} *8th* ^{Day} *26* ^{Y.} *72* ^{M.} *-* ^{D.} *-* ^{Native of} *Md.* ^{Occupation} *Salesman*
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband of _____
 Wife _____
 Father's Name _____ Mother's Name _____
 Maiden Name _____

Cause of Death { Primary *Melancholia* *68* How long sick
 Immediate *Ex-Cerebral Congestion*
and Cardiac Exhaustion
 Reported by *Frank J. Flannery M.D.*
 Address *Mt Hope Retreat* *Balto Co Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Gladys Dorsey

Town *Frederick Heights* County *Baltimore*

MARYLAND

Died at *Frederick Heights* *Baltimore*
Date of death 190 *2* Month *Aug.* Day *17* Age *8* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind.*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *Frank B. Dorsey* Father's Birthplace *Ind.*

Mother's Maiden Name *Lilley L. Anderson* Mother's Birthplace *Ind.*

Name of person giving information *Father* How related to deceased *105*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

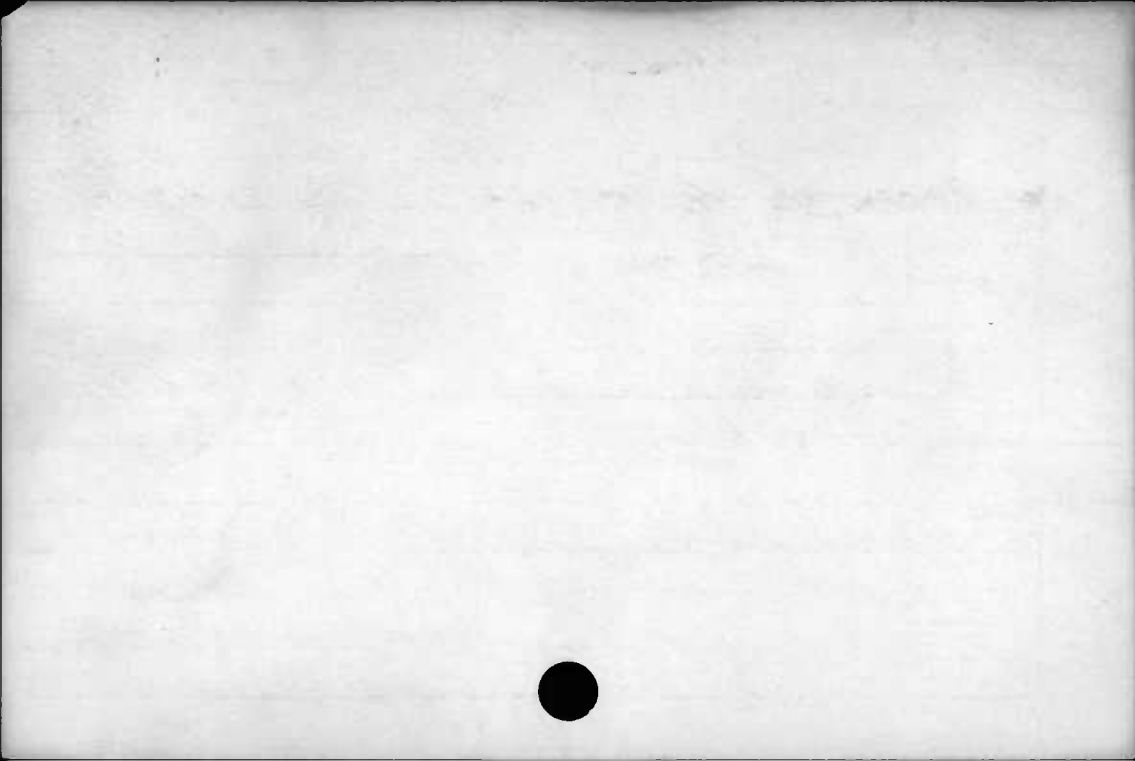
Primary *Cholera Infantum* How long *2 days*


Immediate *Asphyxia* How long

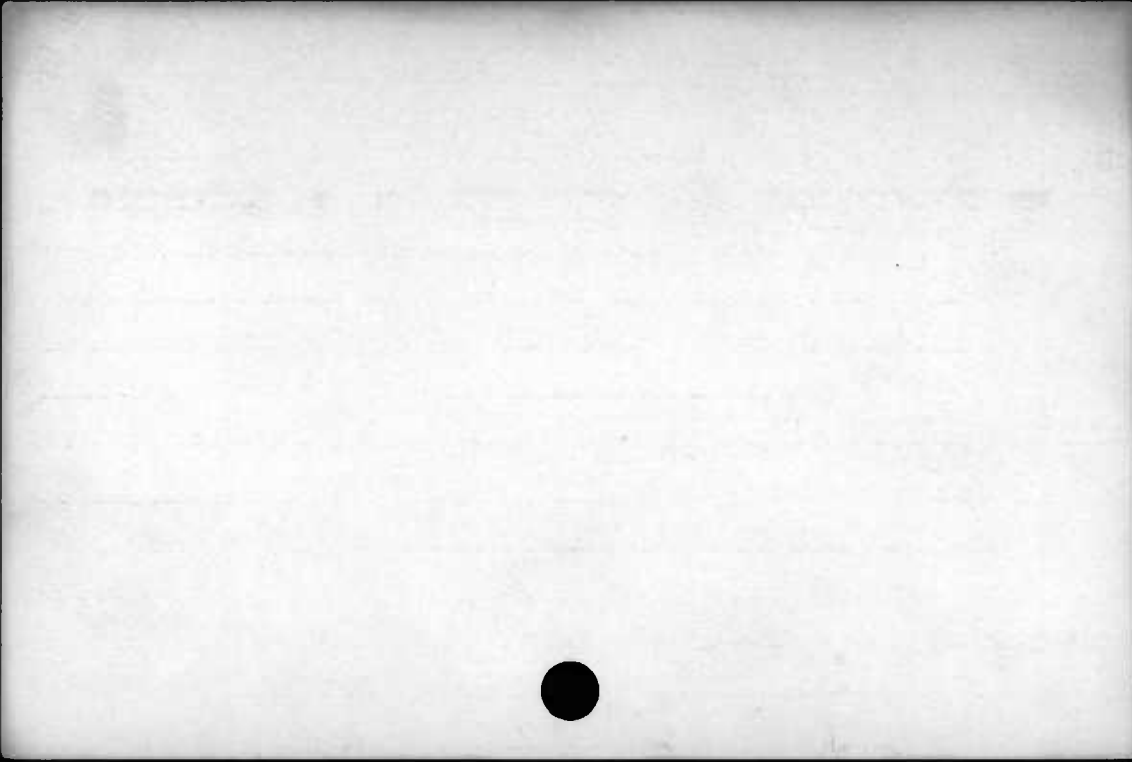
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Harold H. Hannon Jr.*

Address *Dickeyville Ind.*

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Grovers Town</u>				<u>Downey</u> Balto. Co		MARYLAND			
		Date of death 190 <u>2</u>		Month <u>August</u>		Day <u>6</u>		Years <u>2</u>		Months <u>9</u>	
		Sex <u>Female</u>		Color or Race <u>negro</u>				Birth- place <u>Swanstown</u>		Days <u>6-</u>	
		Married, Single or Widowed <u>single</u>				Occupation <u>none</u>					
		Name of Wife or Husband									
		Father's Name <u>Thos Downey</u>						Father's Birthplace <u>North Carolina</u>			
		Mother's Maiden Name <u>Emma Amoss</u>						Mother's Birthplace <u>North Carolina</u>			
PHYSICIAN OR CORONER		Name of person giving in formation <u>Thos. Downey</u>						How related to deceased <u>Father</u>			
		CAUSES OF DEATH									
		Primary <u>Tuberculosis (General)</u>						How long <u>not known</u>			
		Immediate <u>Anemia</u>						How long <u>terminal</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>						Signature of Physician <u>Henry M. Litzguth M.D.</u>			
								Address  <u>Johns Hopkins Dispensary</u>			
		Accident or Suicide? <u>no</u>									



Name in Full

Certificate of Death

Died at

Mary Dressel
 Town *Hamilton P.C.* County *Baltimore* MARYLAND
 Date 1902 *Aug. 5* Month *Aug.* Day *5* Y. *72* M. *9* D. *2* Native of *Germany* Occupation *Domestic*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Adolph Drollé,				Town		Baltimore		County		Baltimore		State		MARYLAND	
Died at		Date of death 1902		Month Aug		Day 28		Age 23		Years		Months		Days			
Sex		Male		Color or Race		white		Birth-place		Maryland							
Married, Single or Widowed		Single		Occupation		None											
Name of Wife or Husband																	
Father's Name		August Suis Drollé		Father's Birthplace		Germany											
Mother's Maiden Name		Dorothea Kull		Mother's Birthplace		Germany											
Name of person giving information		Dorothea Kull		How related to deceased		Mother											

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Epilepsy Insanity		How long		10 yrs.	
Immediate		Aschemin		How long		1 mo.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. H. Wade.	
				Address		Baltimore, Md.	
Accident or Suicide?		No.					

Dr. M. J. J. J.

Name In Full

Died at

Date 19

Husband of
Wife

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hubert Dunn.

St Agnes' San. Balt -

MARYLAND

Month Day Y. M. D. Native of Occupation
 02 Aug. 6. Age 30 - Philadelphia. - none.
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Mother's
Maiden Name

Primary Pulmonary Tuberculosis
 Immediate Exhaustion.
 How long sick
 Accident, Suicide, Homicide

J. A. Ryan M.D.
 St Agnes' Sanitarium.

A Peter Cemetery

Name in Full

Certificate of Death

Emma Dussel
 Town County

Died at

MARYLAND

Baltimore
 Month Day Y. M. D.

Native of

Occupation

Date 19

12 Aug 3
 Male White
 Female Colored

Age

Married

Widow

Divorced

Single

Widower

Number of children living

6 weeks Baltimore Soul

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

105

Cause of

Primary

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Chorea Infantum

Reported by

M. G. Gately, M.D.
 111 E. Prichard

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in Full

Low Law Eaton.

CERTIFICATE OF DEATH

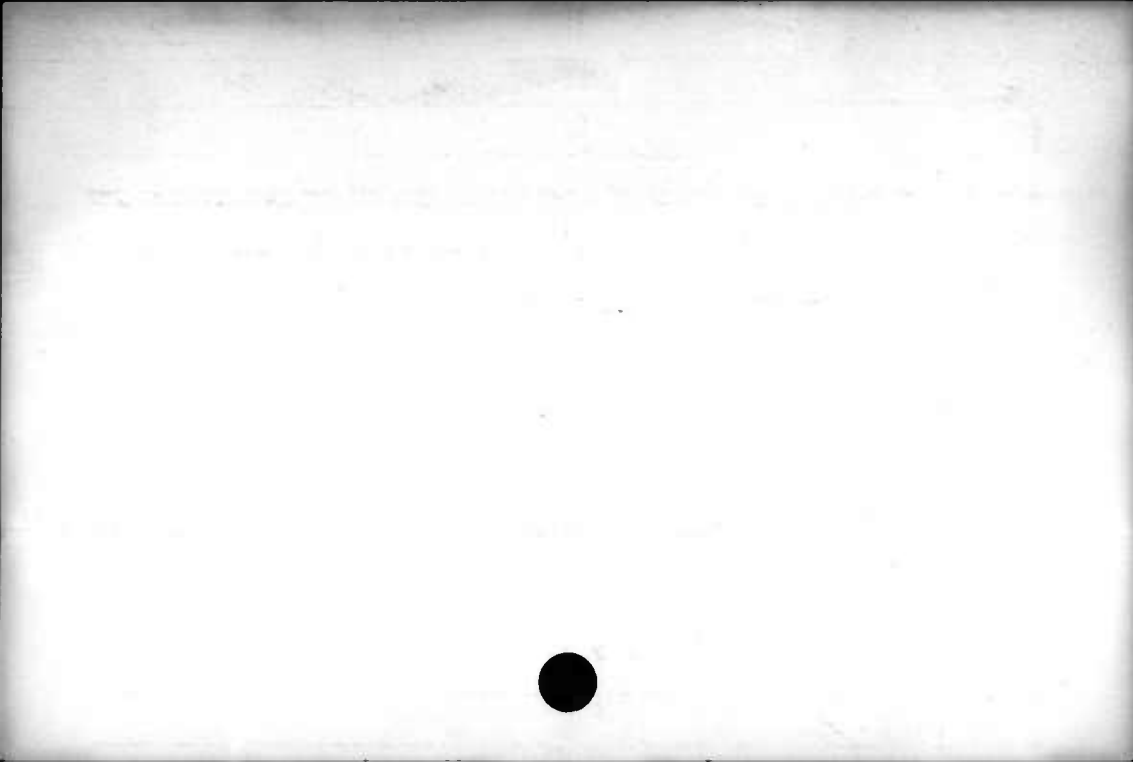
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Batonville</i>		^{County} <i>Baltimore.</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>10</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore.</i>		
Married, Single or Widowed <i>Single.</i>			Occupation <i>clerk.</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>A. H. Eaton.</i>			Father's Birthplace <i>Ohio.</i>		
Mother's Maiden Name <i>Emma D. Andrews.</i>			Mother's Birthplace <i>Canada.</i>		
Name of person giving information <i>A. H. Eaton.</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Consumption</i>	How long <i>About two years</i>
Immediate <i>Exhaustion from Pulmonary Consumption</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John J. King</i>
	Address <i>640 N. Carrollton Balto Md.</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Johanna S. Emmerich
 Town County

35
 "

Died at *Hillsville*

MARYLAND

Date 19 *02* Month *8* Day *18* Age *71-3* Y. M. D. Native of *Germany* Occupation
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *7*

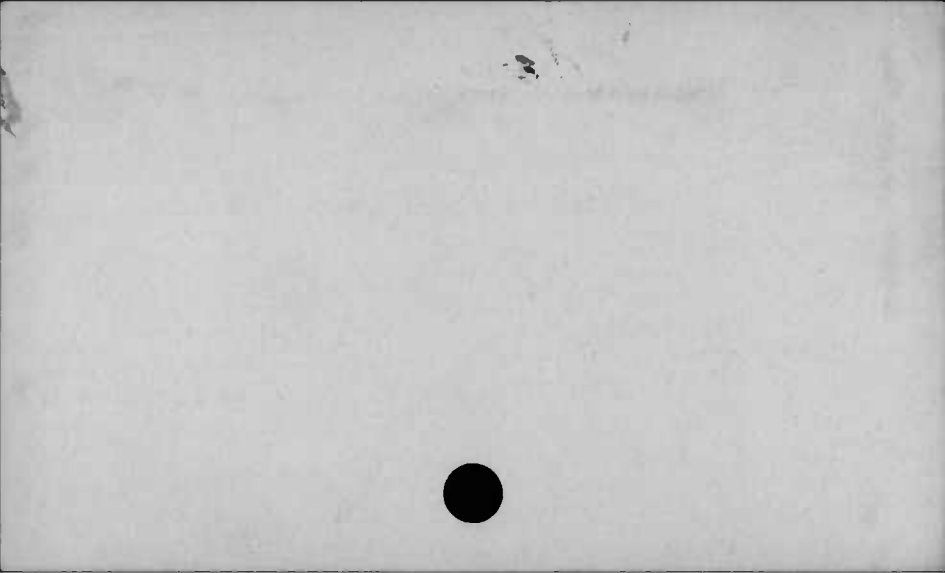
Husband of *Ludwig Emmerich*
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death { *Chronic*
 Primary *Bronchitis & Asthma*
 Immediate *Exhaustion*

How long sick

6 days~~Accident, Suicide, Homicide~~Reported by *Z. B. Hall*Address *1111 Minors*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clayton M. Eunich

Town

County

Died at

Mt Hope Retreat Balto

MARYLAND

Date 19

02

Month

8

Day

7

Age

38

Y.

M.

D.

Native of

Baltimore

Occupation

Hotel Prop.

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Mania Chronic -

How long sick

Death

Immediate

Ex. Cerebral Congestion and
Status Epilepticus

Accident, Suicide, Homicide

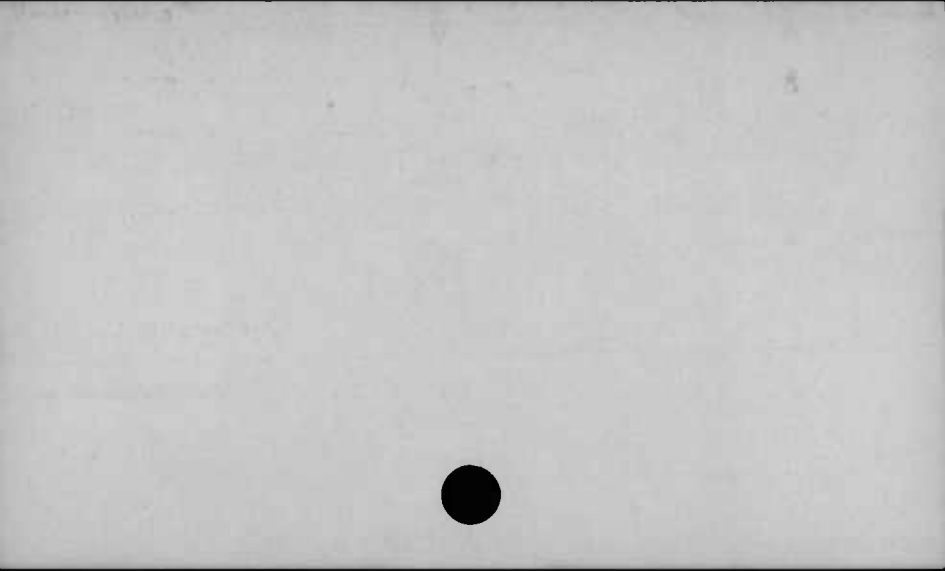
Reported by

Frank J. Flannery

Address

Mt Hope Retreat -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lester Ellsworth Ensor.

CERTIFICATE OF DEATH

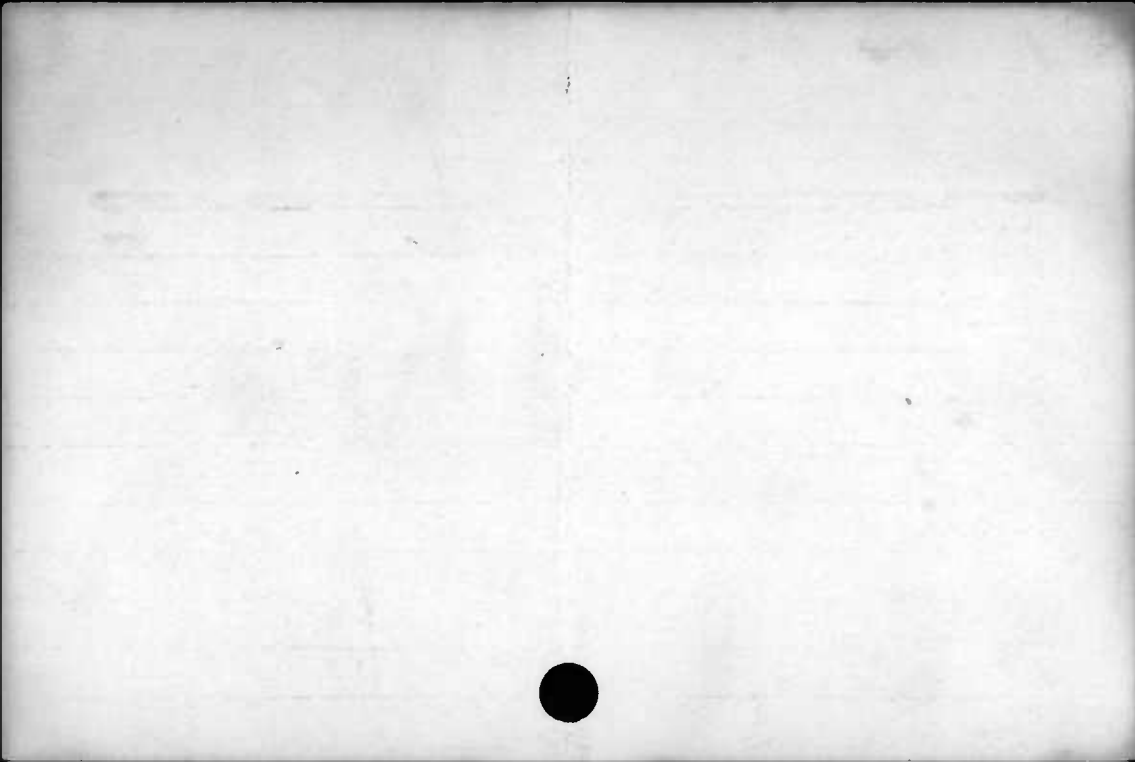
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Parkston		County Baltimore		MARYLAND	
Date of death 190	2	Month 8	Day 21	Age 1	Years	Months	Days 17
Sex Male		Color or Race White		Birth- place Parkston Md.			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Isaac H. Ensor.				Father's Birthplace Monkton Md.			
Mother's Maiden Name Maggie E. Bull				Mother's Birthplace Parkston Md.			
Name of person giving In formation James F. Bull				How related to deceased Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping cough	How long	One month
Immediate	Pneumonia	How long	a week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. W. Keyes, M.D.	
yes		Address Parkston, Md.	
Accident or Suicide?			



Alma H A Erdman

Died at ^{Town} Georgetown^{County} Balto Co

MARYLAND

Date 1902 ^{Month} August ^{Day} 1st Age 1 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband

Wife

Father's
Name

Charles W F Erdman

Mother's
Name

Laura Pauline Erdman

Cause of Primary

Death Immediate

Dysentery & Intestines

How long sick

39 days

Accident, Suicide, Homicide

Reported by

J J Valentine

Address

16 S Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Laura Pauline Erdman

Town

County

MARYLAND

Died at

Georgetown Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug 6

Age

1.17

Maryland

White

~~Married~~~~Widow~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Chas W F Erdman

Mother's

Maiden Name

Laura Pauline Erdman

Cause of

Primary

How long sick

since birth

Death

Immediate

gastroenteritis

Accident, Suicide, Homicide

Reported by

J J Valentine & S

Address

16 S. Broadway

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm. Erwin
Town County

Died at

MARYLAND

Date 1902 Aug 7 Y. M. D. Native of Md Occupation
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Adam Erwin Mother's Maiden Name

Cause of Death { Primary Throwing
 Immediate

~~How long sick~~Accident ~~...~~

Reported by

Address

John Stenberg R
 606 Eastern Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Herwig Sam.

Name
in
Full

Simon Fairman

CERTIFICATE OF DEATH

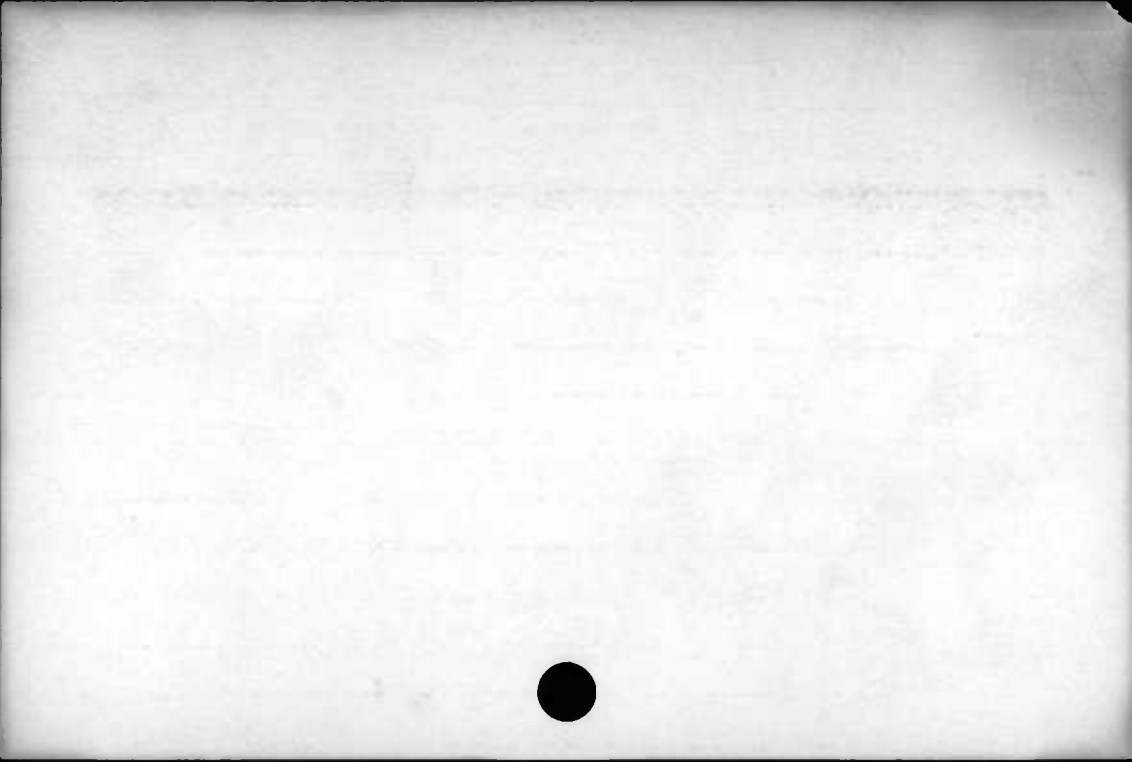
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Catoonsville</i>		County <i>Baeto</i>		MARYLAND	
Date of death 1902		Month <i>Aug</i>	Day <i>15</i>	Years <i>72</i>		Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Maryland</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Simon Fairman</i>				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				<i>120</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Uremia</i>		How long <i>2 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Whately</i>	
		Address <i>Catoonsville Md</i>	
Accident or Suicide?			



George Fischer

Town

County

Died at Leanton

Baltimore

MARYLAND

Date 1992 Aug. 13

Age 3

Native of Md

Occupation None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name Frank Fischer

Mother's

Maiden Name

Annie Gebhardt

Cause of Primary

Mitral insufficiency

How long sick

3 days

Death Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. M. Williams M.D.

Address

26 N. Patterson P.R. Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Aug. 15th 1902

Germanus France

Undertaker

Name
in
Full

CERTIFICATE OF DEATH

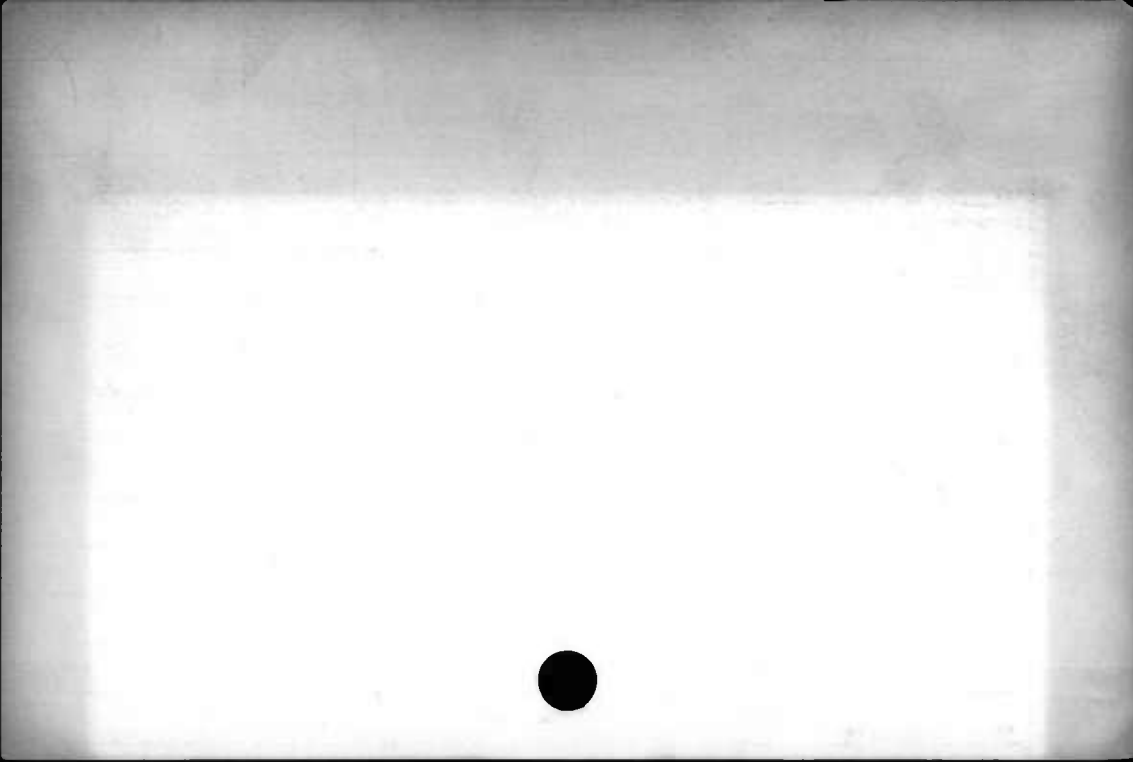
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emory Grove</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 1902	Month <i>Aug</i>	Day <i>11</i>	Age <i>63</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Married, Single or Widowed			Occupation <i>House keeper</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bilious Dysentery</i>	How long <i>Seven days</i>
Immediate <i>Colic</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Price</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>X</i>	<i>✓</i>



Name in Full

Certificate of Death

Ella Ford.

Town

County

Died at

Warren

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

15

Age

47

Virginia

Housekeeper

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

2

~~Married~~ of

A. M. Ford.

47

Father's
Name

Redman

Mother's

Maiden Name

Cause of

Primary

Carcinoma Uteri.

How long sick

4 years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wilmer E. Cress M.D.

Address

Cockeysville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Jerusha Foster

Town

County

Died at

Monro Carmel Batts

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8

22

Age

1

8

12

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Jacob H Foster

Maiden Name

Mother's

Mary H Tracey

Cause of

Primary

Immediate

Whooping Cough
Congestion

How long sick

Accident, Suicide, Homicide

Reported by

Wm L Brooks

Address

Philadelphia Batts Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Town *Norran* County *Balto* MARYLAND

Died at *Norran* *Balto*

Date 19 *03* Month *Aug* Day *27* Age *69-2* Y. M. D. Native of *Pa* Occupation *Laborer*

Male *White* Married *Widow* Divorced *Widower* Number of children living *4*

~~Female~~ ~~Colored~~ ~~Single~~

Husband of *Elizabeth J. Peters* *81*

~~Wife~~ Father's Name *Jacob Fritz* Mother's Maiden Name *Elizabeth Hartman*

Cause of Death { Primary - *Arterial degeneration* How long sick *One hour*

Immediate *Neuralgia Heart* Accident, Suicide, Homicide

Reported by *Dr. R. P. Bauson*

Address *Cockeysville* *Balto, Md.* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant

Died at *Corbett* Town *Baltimore* County *MARYLAND*
 Date 19 *12* Month *8* Day *7* Y. M. D. *17* Native of *Ma* Occupation *—*
 Male *White* Age *17* Married *Widow* Divorced *—*
~~Female~~ *Colored* Single *Widower* Number of children living *—*

Husband of *—*
 Wife *—*

Father's Name *Nicholas Libs* Mother's Name *Birdie Robinson*
 Maiden Name *—*

Cause of Death { Primary *Cholera Infantum*
 Immediate *105*

How long sick

Accident, Suicide, Homicide

Reported by *L. T. Payne*Address *Corbett**M. D.**Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Name in Full *Philip Glick*
 Died at *Alberton* Town *Belle* County *MARYLAND*
 Date *1902 Aug 28* Month *Aug* Day *28* Y. *19* M. *-* D. *-* Native of *U. S.* Occupation *Store keeper*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Divorced ☐ Widower ☐ Number of children living *5*
 Husband of *Mary Glick* 120
 Father's Name *Mary Glick* Mother's Name *120*
 Cause of Death { Primary *Nephrotic Nephritis* Immediate *Lobar Pneumonia* How long sick *3 weeks*
 Accident, Suicide, Homicide
 Reported by *A. C. Smith M.D.*
 Address *Lowhatan*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



George Goeb

Town

County

Died at Highlandtown Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 8

Age

5

Md

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

George S. Goeb

Mother's

Maiden Name

Hellen Dauses

Cause of

Primary

Gastro Enteritis

How long sick

2 months

Death

Immediate

Exhaustion

105

~~Accident, Suicide, Homicide~~

Reported by

L. N. Othey M.D.

Address

21 Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cem.

Aug. 9th = 1902

Germanus Thane

Undertaker.

Lydia Gray.

Died at Barney Town Baltimore County MARYLAND

Month Aug Day 3^d Y. 1 M. 0 D. 0 Native of Md. Occupation

Date 1902 Aug 3^d Age 108 Md.
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 0

Husband of

Wife

Father's
Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

a few days.

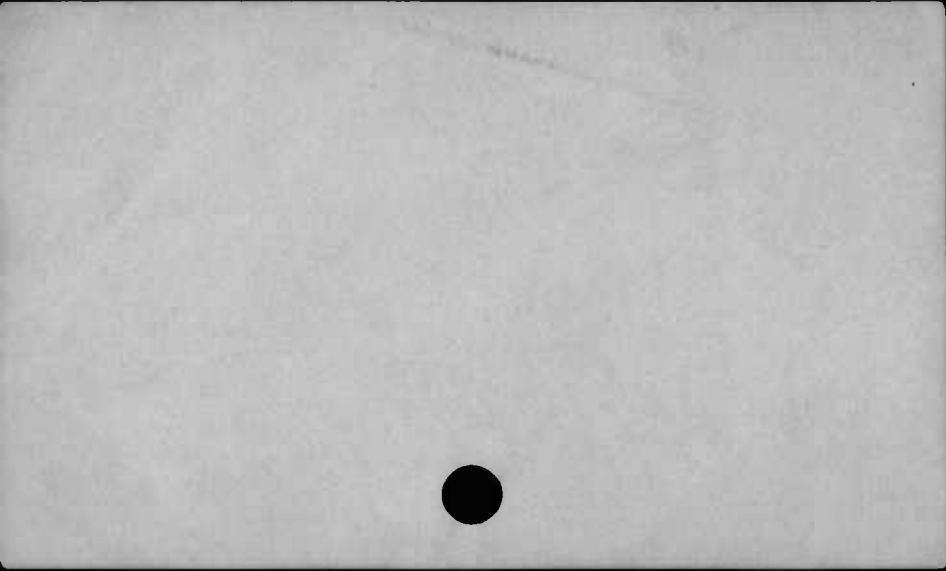
Accident, Suicide, Homicide

Reported by

Address

H. J. Harrison, M.D.
Lock Raven

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Miss Nelson N. Gray

Town

County

Died at

MARYLAND

1906
Date 189. Month Aug. Day 16 Y. 1 M. 6 D. 6 Native of Md. Occupation none.

Male White Married Widow Divorced.
Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Hoping Cough & Feeding.

How long sick

6 days

Death

Immediate

Congestion of Lungs, & Pleurisy.

Accident, Suicide, Homicide

Reported by

N. R. Gray M.D.

Address

Columbia Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Harris Cemetery

Calonsville

Ind

Name in Full

Certificate of Death

George Greenvood

Town

County

33

Died at Annapolis

Baltimore

MARYLAND

Date	1902	Month	Aug.	Day	15	Age	75	Y.	M.	D.	Native of	Occupation
Male		White		Married		Widow		Divorced				Laborer
Female		Colored		Single		Widower		Number of children living				

Husband of _____

Wife

Father's

Name

Not known

Mother's

Maiden Name

Not known

Cause of

Primary

Hemiplegia-

Laf

How long sick

3 weeks

Death

Immediate

Dysentery

Accident, Suicide, Homicide

Reported by

Wm R. Eareckson

Address

Eek Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74009



Name in Full

Certificate of Death

Marion Louisa Grill

Town

County

Died at

Powhatan

Balto

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

902 Aug 28th

Age

- 8-20

U.S.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frank Grill

Mother's

Name

Katherine Grill

Cause of

Primary

Lobular Pneumonia

How long sick

2 weeks

Death

Immediate

Convulsions

Accident Suicide Homicide

Reported by

A. C. Smick M.D.

Address

Powhatan

Me Dc

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Jacob Gross

Died at ^{Town} Rossville ^{County} Tall

MARYLAND

Date 1902 Aug 1 | Age 50 | Native of Ma | Occupation Farmer

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living 6

Husband of Ellen Todd

Wife

Father's Name George Gross | Mother's Name Elizabeth Lutz

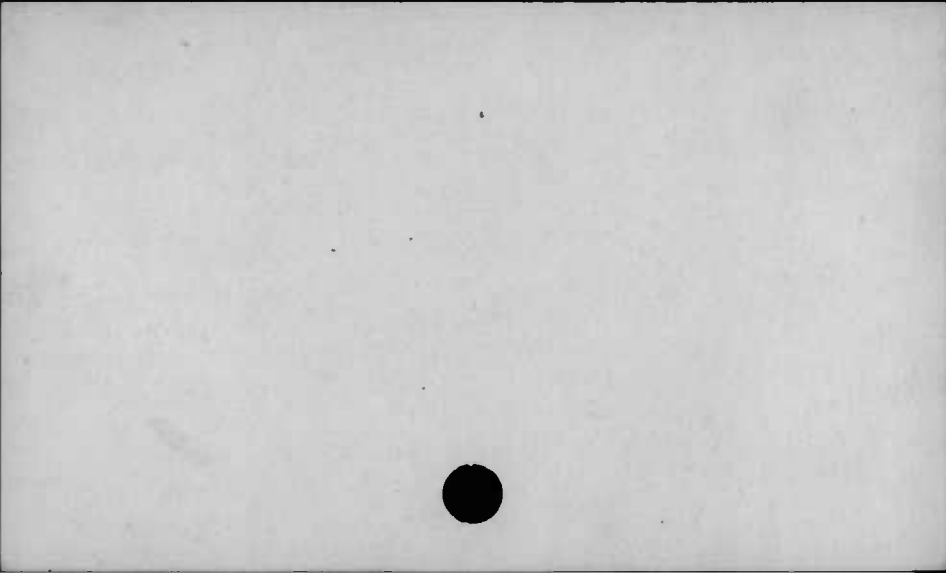
Cause of Death { Primary Chronic Brights | How long sick 2 weeks

Immediate | Accident, Suicide, Homicide

Reported by E. V. Haden MD 120

Address Rossville Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Edgar Hahn

CERTIFICATE OF DEATH

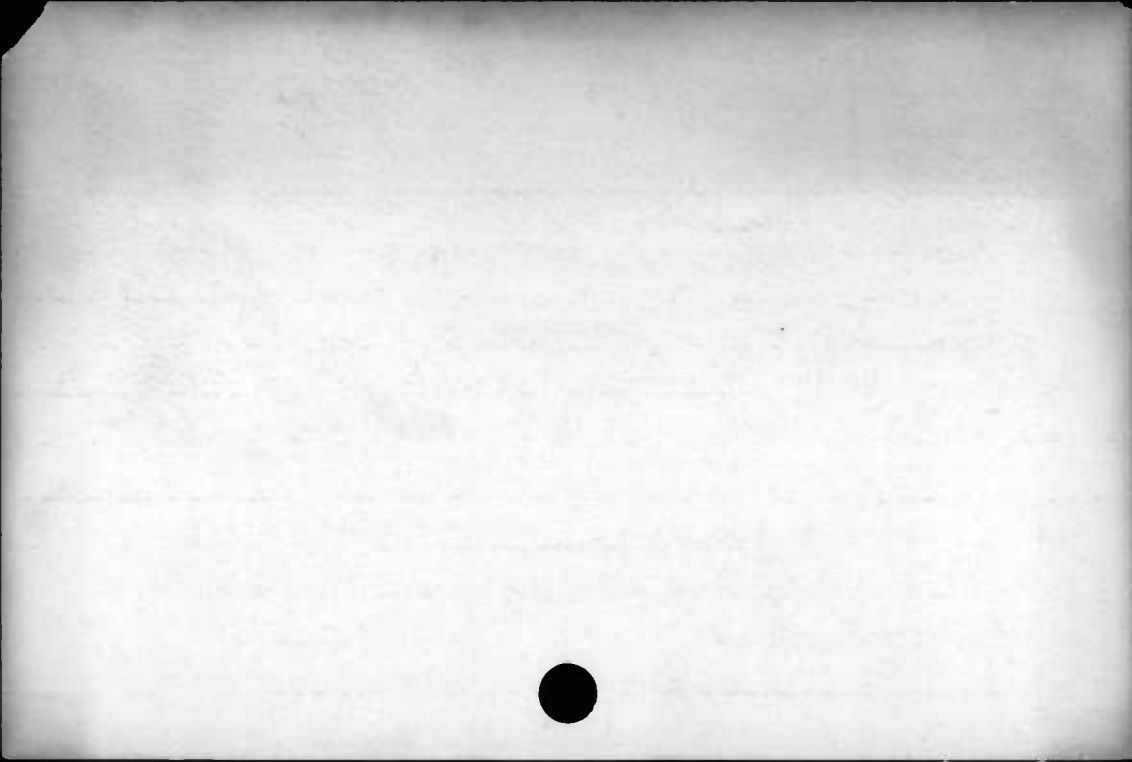
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Aug</u>	Day <u>11</u>	Years <u>11</u>	Months <u>4</u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>near Oella</u>			
<input checked="" type="checkbox"/> Married, Single or <input checked="" type="checkbox"/> Widowed		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Edward J. Hahn</u>			Father's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Anna Catherine Link</u>			Mother's Birthplace <u>Oella</u>		
Name of person giving information <u>Anna C. Hahn</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Epilepsy</u>	How long <u>11 yrs</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Charles L. Mantzfeldt</u>
	Address <u>Baltimore Md</u>
Accident or Suicide? <u> </u>	



Name in Full

Certificate of Death

Rue Harris

41

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

8 31

Age

3 - 19

Md

X

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Typhoid fever

Death

Immediate

Exhaustion

How long sick

17 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Lillian Julia Huetschel

Town

County

Baltimore

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

2

Age

1

8

Ind.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Rick

Mother's

Maiden Name

Lillian Lorz

Cause of

Primary

Acute nephritis

How long sick

3 weeks

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

R. H. Hardisty.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

28

Burges Frank Hinks
 Town County
 Died at West Balt - Balt - Co. MARYLAND

Date 19 02 Month 8 - Day 3 Age Y. 2 - M. 3 D. 3 Native of Balt. Co. Occupation Infant
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name John T. Hinks Mother's Name Julia Davis
 Maiden Name

Cause of Death Primary Acute Gastro Enteritis
 Immediate Exhaustion
 How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by Frank H. Runkle M.D.
 Address Lansdowne Balt. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Died at *Knachel Balto*

MARYLAND

Husband of
Wife

Father's Name *Wolfgang* Mother's Name *Yvonne L. Meyhansen*

Cause of	Primary	Leishmaniasis 105	How long sick	5 weeks
Death	Immediate	Brain & spinal disease	Accident, Suicide, Homicide	

Reported by Mr. Arthur W. D.

Address Billings Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna Hovanic

Town

County

Died at

MARYLAND

Date

902

Month

Day

Aug 26

Y.

M.

D.

Native of

11

Md.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Septicemia 20

How long sick

3 or 4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

H.C. McCormick M.D.

Address

Sparrows Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

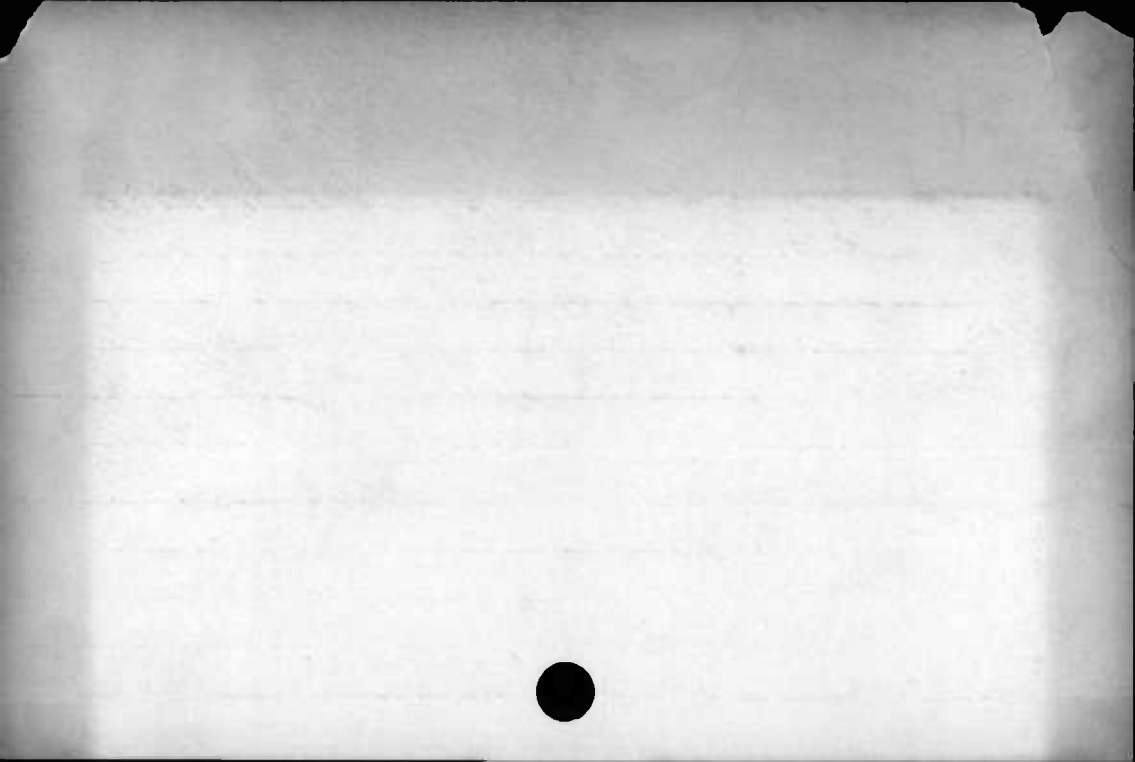
MARYLAND

Died at <u>Calumsville</u> ^{Town}		<u>Bullo</u> ^{County}			
Date of death 190 <u>2</u> ^{Month}	<u>Aug</u> ^{Day}	<u>11</u> ^{Age}	<u>55</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>	Color or Race <u>W</u>	Birth-place <u>Md</u>			
Married, Single or Widowed <u>single</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>X</u>					
Father's Name <u>✓</u>			Father's Birthplace <u>X</u>		
Mother's Maiden Name <u>X</u>			Mother's Birthplace <u>X</u>		
Name of person giving information <u>X</u>			How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dementia</u>	How long <u>12 years</u>
Immediate <u>Voluntary</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Wade</u>
	Address <u>Calumsville Md</u>
Accident or Suicide? <u>no</u>	



Charles W. Genifer

Died at ^{Town} Loch Raven ^{County} Baltimore MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 Aug. 2nd Age 31 8 11. Md.

Male White Married Widew Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Thos. R. Genifer Mother's Name Margaret A. Moore.

Maiden Name

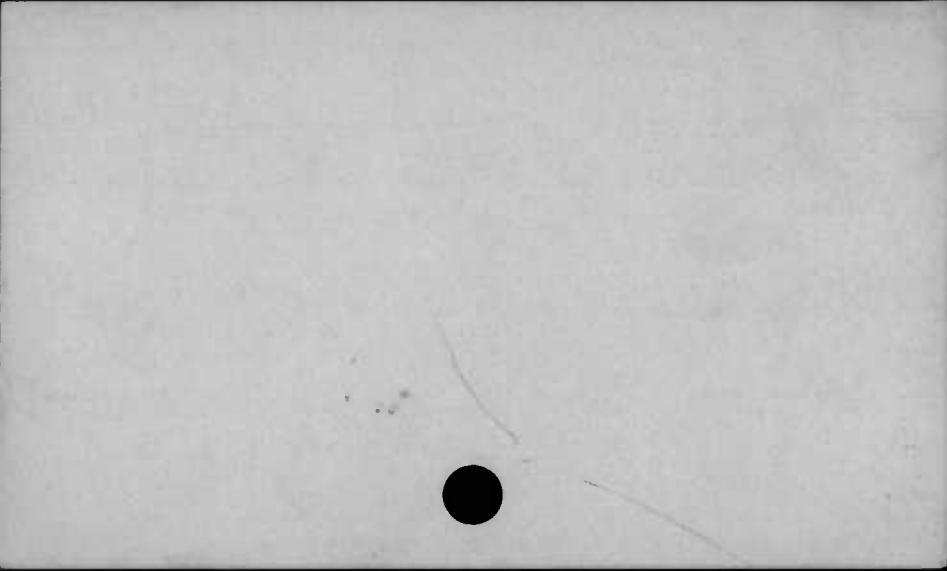
Cause of Primary Epilepsy. How long sick About 6 months.

Death Immediate ~~Accident, Suicide, Homicide~~

Reported by W. J. Harrison.

Address Loch Raven.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Leonard Jett -

Town

County

MARYLAND

Died at

Baltimore

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug

22

Age

1 - 2 -

No

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Arinster Jett

Mother's

Maiden Name

92

Cause of

Primary

Bronchitis Pneumonia

How long sick

10 days

Death

Immediate

Exhaustion -

Accident, Suicide, Homicide

Reported by

C. H. Hickey

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

E. Ryan

~~add~~ entry Aug 24-1902

Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000



Name in Full

Certificate of Death

Samie Johnson

Town

County.

Died at

Towson

Baltimore

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Aug

7th

Age

15

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~

Husband of

Wife

Father's

Name

Charles Johnson

Mother's

Name

Mary Johnson

Cause of

Primary

Inflammation of Bowels

How long sick

one week

Death

Immediate

and Peritonitis

~~Accident, Suicide, Homicide~~

Reported by

L. H. Jarrett M.D.

Address

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Nathan Hansen Robinson

Died at ^{Town} *Phoenix* ^{County} *Balto.* MARYLAND

Date 19 *02* ^{Month} *Aug* ^{Day} *3* ^{Y.} *46* ^{M.} *-* ^{D.} *-* ^{Native of} *Maryland* ^{Occupation} *Laborer.*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living *4*

Husband of *Hennietta Everett*

Wife *Hennietta Everett*

Father's Name *Benj. Johnson* Mother's Maiden Name *Mietta Hansen*

Cause of Death { Primary *Consumption* Immediate *27* } How long sick *3 years*

Accident, Suicide, Homicide ☒

Reported by *Dr. J. H. Johnson*

Address *Phoenix* *Beany*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Pearl Amelia Jones

Town

County

Died at

Sparrow Point, Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 29th

Age

8-21

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm. H. Jones

Mother's

Maiden Name

Pearl Y. Riley

Cause of

Primary

Marasmus

105

How long sick

6 mos.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. R. Hodges M.D.

Address

Sparrow Point, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

May A. Kelley

Town

County

Died at

Texas

Baltimore

MARYLAND

Date 1890

1902

Month

Day

8 2

Age

12

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Joseph T. Kelley

Mother's

Name

Adeline V. Kelley

Cause of

Primary

Cholera Int. & autumn

How long sick

18 days

Death

Immediate

Enteric Colitis

Accident, Suicide, Homicide

Reported by

Dr. Theo. C. Bussey

Address

Texas Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78998

May's Chapel

Name in Full

Certificate of Death

37

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any ~~in attendance~~, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date 19

Nova Kennedy
St Agnes Sanitarium *Balt*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

*02 Aug. 18*Age *50**—**Ireland**None*

Female

☒ White

Married

Widow

Divorced

~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Burns. (accidental)

How long sick

Death

Immediate

*Shock and Exhaustion*Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

John Ryan
St Agnes Sanitarium

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

St Peter's Cemetery

Name in Full

Certificate of Death

Died at

Edward B. Knight
Canton

Baltimore

MARYLAND

Date 19

02

Month

Aug

Day

3

Y.

M.

D.

Age

6

Native of

Md

Occupation

None

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

—

Husband
of

Wife

Father's

Name

John Knight

Mother's

Maiden Name

Lena Pohlbaum

Cause of

Primary

Gastro Enteritis

How long sick

about 4 days

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

C. A. Hickey

Address

2. W. H. H. H.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 73882

Sacred Heart Cemetery

Aug. 4th 1902

Germanus Thana

Undertaker

Ferdinand Kruismenth

Town

County

Died at

St Helena

Baltimore

MARYLAND

Date 189

1902

Month Day

Aug 6

Y. M. D.

Age 22

Native of

Balto Co

Occupation

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Accidental Drowned

How long sick

Accident, Suicide, Homicide

Reported by

John H. Weaver J.R.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner *John Hevern J.P.*

of _____

Information contained in this certificate received

~~from~~ *1st German Cem Aug 8th*
~~at~~ *Stⁿ Nicolaus & son 1820 Canton*
Ave

Isabel Larkin

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

Age

Male

~~Widow~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widow~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William H. Lathan

Town

County

Died at

North Point,

Baltimore Co.,

MARYLAND

Date 1902

Aug. - 21st

Age 31 - 3 - 12

Native of

N. Carolina

Occupation

Barber

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Maggie Lathan

Wife

Father's

Name

Silas Lathan

Mother's

Maiden Name

Cause of

Primary

Tuberculosis of lungs & intestines

How long sick

7 mos.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. R. Hodges M. D.

Address

Spanow Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alexander Leonard
 Town County

Died at Bradshaw Baltimore MARYLAND
 Month Day Y. M. D. Native of Occupation

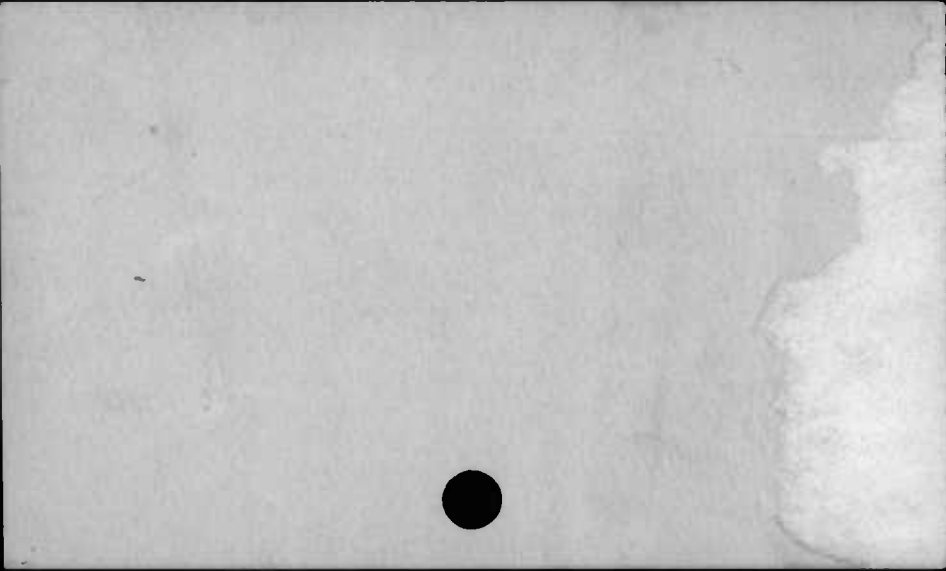
Date 1902 August 28 Age Not-Known Ind Librarian
 Male ~~White~~ Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of whether married or not: Not-Known
 Wife Father's Name Not-Known Mother's Name Not-Known
 Maiden Name

Cause of Death Primary Immediate Homicide
 How long sick 1166
 Accident, Suicide, Homicide

Reported by Frederick Schuy - Coroner
 Address Upper Falls Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Lewis</i> <i>Arlington</i> Town			<i>Balto</i> County			MARYLAND		
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>18</i>	Age	Years <i>—</i>	Months <i>3</i>	Days <i>7</i>		
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed				Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>								
Father's Name <i>John Lewis</i>				Father's Birthplace <i>Liver Pool England</i>				
Mother's Maiden Name <i>Alice Gould</i>				Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John Lewis</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Euleritis</i>	How long	<i>1 month</i>
	<i>Exhaustion</i>	How long	
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. Gordon Valk</i>	
		Address <i>W. Arlington</i>	
Accident or Suicide?		<i>see Dr. Mansfield</i>	



Name In Full

Certificate of Death

Jane McDermott

Died at ^{Town} Mt Hope Retreat ^{County} Balto

MARYLAND

Date 19 02 ^{Month} 8 ^{Day} 5 ^{Y.} ^{M.} ^{D.} Age 53 years ^{Native of} ^{Occupation}

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of _____

Wife

Father's Name _____

Mother's

Maiden Name

Cause of { Primary Melancholia (Chronic)

How long sick

Death { Immediate Exhaustion -

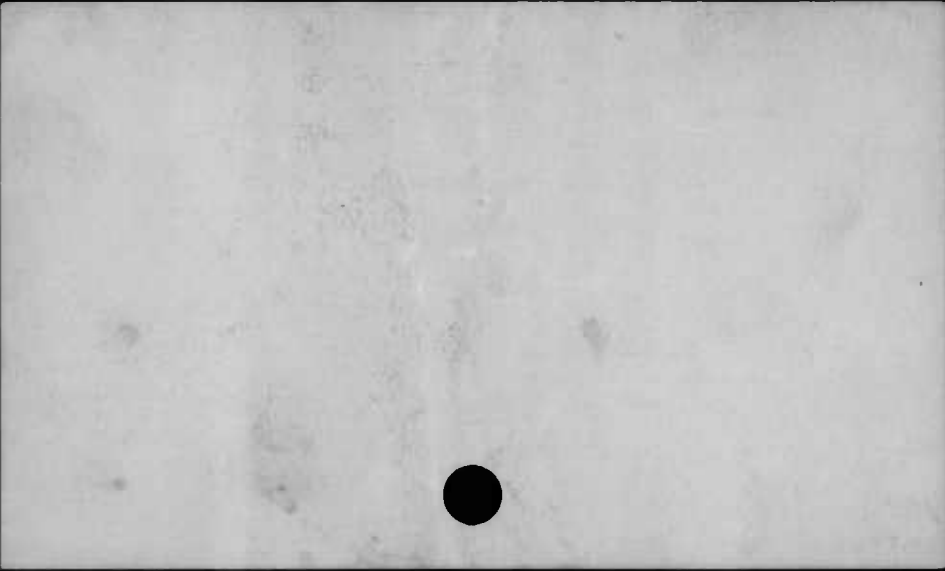
Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Sarah Katherine McGinley,
 Town County

Died at

MARYLAND

Spanow Point, Baltimore Co.,

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8-7th

Age

1-12

Maryland

None

~~Able~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Phillip C. McGinley

Mother's

Maiden Name

Laura J. Caldwell

Cause of

Primary

Premature Birth

How long sick

1 mo. 12 d.

Death

Immediate

Inanition

~~Accident, Suicide, Homicide~~

Reported by

W. R. Hodges M.D.

Address

Spanow Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at ^{Town} *Canton* ^{County} *Balto.* MARYLAND
 Date 19*02* ^{Month} *aug* ^{Day} *22* Age *1* ^{Y.} ^{M.} ^{D.} ^{Native of} *Balto Co.* ^{Occupation} *—*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widow~~ Number of children living

Husband of
 Wife
 Father's Name *Geo. H. Mack* Mother's Maiden Name *Augusta Witte*

Cause of Death { ^{Primary} *Still Born child.* ^{How long sick} *D*
 { ^{Immediate} *—* ^{Accident, Suicide, Homicide} *—*

Reported by *J. M. Williams M.D.*
 Address *26 N. Paterson Pk. Ave.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Gen. H. Mack,
Mt Carmel Ocean

Emma Matilda Martell

Town

County

MARYLAND

Died at

Grange

Balto

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug. 18th

Age

- 2

15

MS

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Alexandre H Martell

Mother's

Maiden Name

Lena Adams

Cause of

Primary

Gastro Enteritis

105

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. N. H. H. H. H. H.

M.D.

Address

2 - Madison St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

H. Sander & Son
Mt Carmel

William Masemore

Died at 6 district, ^{Town} ^{County} Baltimore Co., MARYLAND

Date 1902 August, 10 Y. 81, M. 3, D. 5 Native of Maryland Occupation Carpenter

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband
of
Wife

Father's Name George Masemore Mother's Name Lydia Baker,

Cause of Death { Primary Senile dementia How long sick Three days

Immediate dysentery 154

Accident, Suicide, Homicide

Reported by Wesley C. Stick

Address Glenville, York Co., Pa.



Florence D. Merling

Town

County

MARYLAND

Died at

Highlandtown

Balt.

Date 1902

Month 8 Day 31

Age

Y.

M.

D.

Native of

Occupation

9

Balt.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Frank Merling

Mother's

Maiden Name

Mary

105

Cause of

Primary

Cholera Infantum

How long sick

2 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Dr. L. Trust M.D.

Address

3 E. Single Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J Herwig & Son
Sacred Heart
Cemetery

Name in Full

Certificate of Death

Catharine Johanna Metzger.

Died at ^{Town} Highlandtown. ^{County} Balto. MARYLAND

Date 1902	Month 8	Day 30	Age Y. 5. M. 12 D.	Native of Maryland	Occupation
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J Herwig & Son
Mt Carmel
Cemetery

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Henry E Miller

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

02

8 18

Age

3

Baltimore

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

of

Name

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Mount Carmel

Aug 19th 1902

Wm Nicolans & son

1820 Canton Ave

Name in Full

Certificate of Death

Mary. Molark
 Died at *Palapoes* ^{Town} *Irish* ^{County} *Balto* MARYLAND

Date 19 *02* ^{Month} *8.* ^{Day} *1* ^{Y.} *4* ^{M.} *Ind* ^{D.} *Ind* ^{Native of} *Ind* ^{Occupation} *—*

Min *White* *Married* *Widow* *Divorced*
 Female *Color* Single *Widower* Number of children living

Husband
of
Wife

Father's Name *John Molark* Mother's Name *Mary. Varchie*
 Maiden Name

Cause of Death { Primary *Convulsions* How long sick *1*

Death { Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Samuel Moody

Town

County

MARYLAND

Died at Arundale Baltimore

Date 1902 August 24

Male ~~Female~~ Married ~~Single~~ Widowed ~~Widower~~ Native of MD Occupation Laborer

Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Drowned

How long sick

Death

Immediate

Drowned

Accident, Suicide, Homicide

Reported by

John Hevern J. H. Harrison

Address

606 Eastern Ave Hightstown Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70839

John Williams
North Point Conn

Edward H. Moore

Town

County

Died at

MARYLAND

Date 1902

Month Day Y. M. D.
Aug. 31st 34 4 15

Age

Native of

Md

Occupation

Engineer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

~~Wife~~

Della Pugh.

Father's

Mother's

Name

E. J. B. Moore

Maiden Name

Elizabeth Cole

Cause of

Primary

Typhoid Fever

How long sick

14 days

Death

Immediate

Intestinal Hemorrhage

Accident, Suicide, Homicide

Reported by

Frank C. Elchert, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Morland
 Died at ^{Town} Highlandtown ^{County} Balto 1 — MARYLAND

Date 1902 Aug 9
 Month Day Y. M. D. Native of Occupation
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

151

Cause of Death { Primary Inanition
 Immediate Premature Birth }
 How long sick Life
 Accident, Suicide, Homicide

Reported by Dr. C. S. Neer

Address 619 St. Patrick Ave Balto Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Vernon Mombberger

Town

County

Died at Blenheim Baltimore

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Aug.	23	—	14	—	Md.	
Male	White	Married			Widow	Divorced	
Female	Colored	Single			Widower	Number of children living	

~~Husband~~~~Wife~~

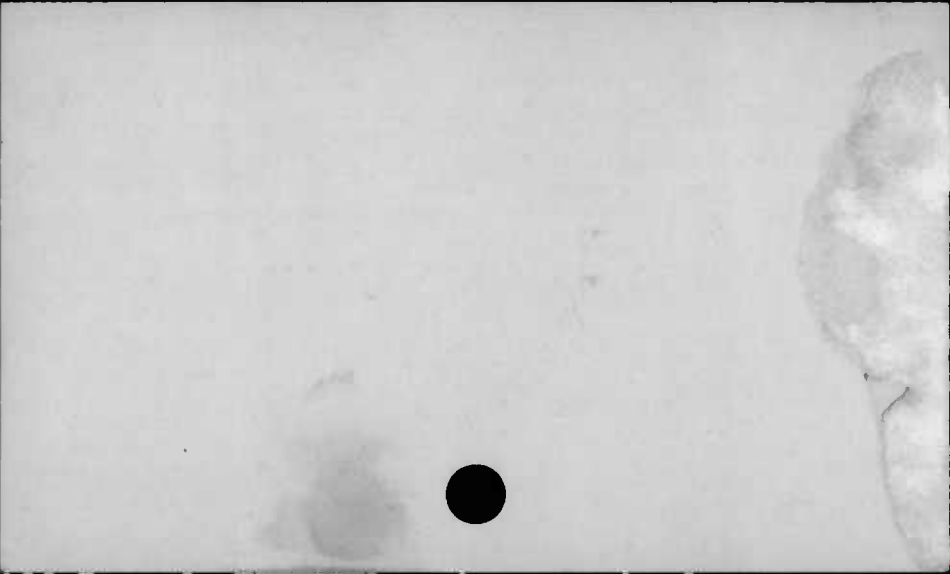
Father's Name	Mother's Maiden Name
John Mombberger	Martina Steigler

Cause of Death	How long sick
Primary Encephalitis	105
Immediate Convulsions	Accident, Suicide, Homicide

Reported by J. S. Green, M.D.

Address Sitting Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amelia Mullinix

Town

County

Died at

Alberton

Baltimore

MARYLAND

Date 1902

Month

Day

Aug 29

Age

Y.

M.

D.

48 - 25

Native of

Md.

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Wife

of Joshua Mullinix

Father's

Mother's

Name

Plummer H. Davis

Maiden Name

Arey Ann Shipley

Cause of

Primary

Pulmonary Tuberculosis

How long sick

3 years

Death

Immediate

Asthenia

~~Accident, Suicide, Homicide~~

Reported by

Dr. Wm. B. Gambrell

Address

Alberton,

Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Died at Nevas July 1 1900 MARYLAND

Date	1902	Month	8	Day	10	Y.		M.		D.		Native of	Texas	Occupation	
	Male		White		Married			Widow				Divorced			
	Female		Colored		Single			Widower					Number of children living		

Husband of _____
Wife _____

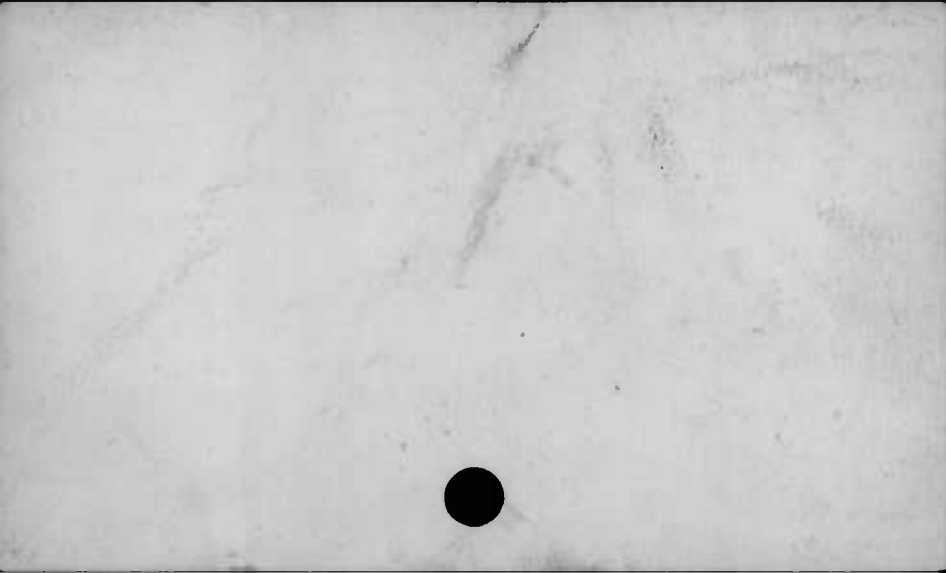
Father's Name *Thomas Murphy* Mother's Name *Elinore Murphy*

Cause of	Primary	Pulmonary Tuberculosis, about 4 months sick	How long sick
Death	Immediate	during last illness	Accident, Suicide, Homicide

Reported by B. F. Bussan per T. C. Bussan

Address *Tuxast Md. 10*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full Lizzie Hagler
 Died at Net Hope Ballwin MARYLAND
 Town County
 Date 1902 Aug 10 48 1 " Ballwin Net Hope
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living
 Husband of _____
 Wife _____
 Father's Name _____ Mother's Name Net
 Maiden Name
 Cause of Death { Primary Cerebral Hemorrhage How long sick Three Weeks
 { Immediate Paralysis Accident, Suicide, Homicide
 Reported by Charles G. Hie
 Address Net Hope

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Newhauser

Died at Greenwood Baltimore MARYLAND
 Town County

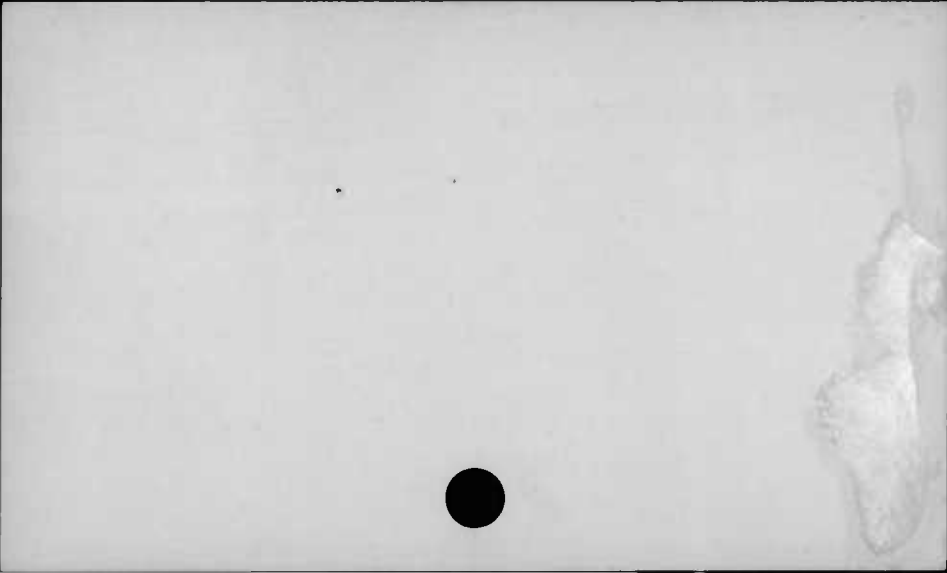
Date ~~189~~ 1902 Aug 1st 47 7 21 Pennsylvania Veterinarian
 Year Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 12

Husband of Mary Russell
 Wife
 Father's Name Christian Newhauser Mother's Name Elizabeth Mast

Cause of Primary Tuberculosis How long sick 8 months
 Death Immediate 27 Accident, Suicide, Homicide

Reported by H. J. Harrison; M. H. Loch
 Address Raven

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Conrad Rappentzger
 Died at *Clinton Ridge* Town *Balto* County MARYLAND

Date 1902 Aug 26 Y. M. D. Native of *Ind* Occupation *farmer*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband
 of
 Wife

Father's Name
 Mother's Maiden Name

Cause of Death { Primary *Pulmonary Tuberculosis* Immediate *2 yrs.*
 How long sick
 Accident, Suicide, Homicide

Reported by *W. F. Curry M. D.* 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Richard Oglesby*
 Died at *Reisterstown* ^{Town} *Baltimore* ^{County} *MARYLAND*
 Date *1902* ^{Month} *Aug.* ^{Day} *31* ^{Y.} *18* ^{M.} *72* ^{D.} *years* Native of *Ind.* Occupation *Labourer*
 Male *White* ~~Black~~ ~~Other~~ Age *72 years* ~~Widower~~ ~~Married~~ ~~Single~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Married~~ ~~Number of children living~~
 Husband of *79*
 Wife *Nancy Rogers*
 Father's Name *David Oglesby* Mother's Name *Nancy Rogers*
 Cause of Death { Primary *Heart Disease* How long sick *About 2 weeks*
 Immediate *Dropsy & Extension* ~~Accident~~ ~~Suicide~~ ~~Homicide~~
 Reported by *J. W. White. M.D.*
 Address *Glyndon, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

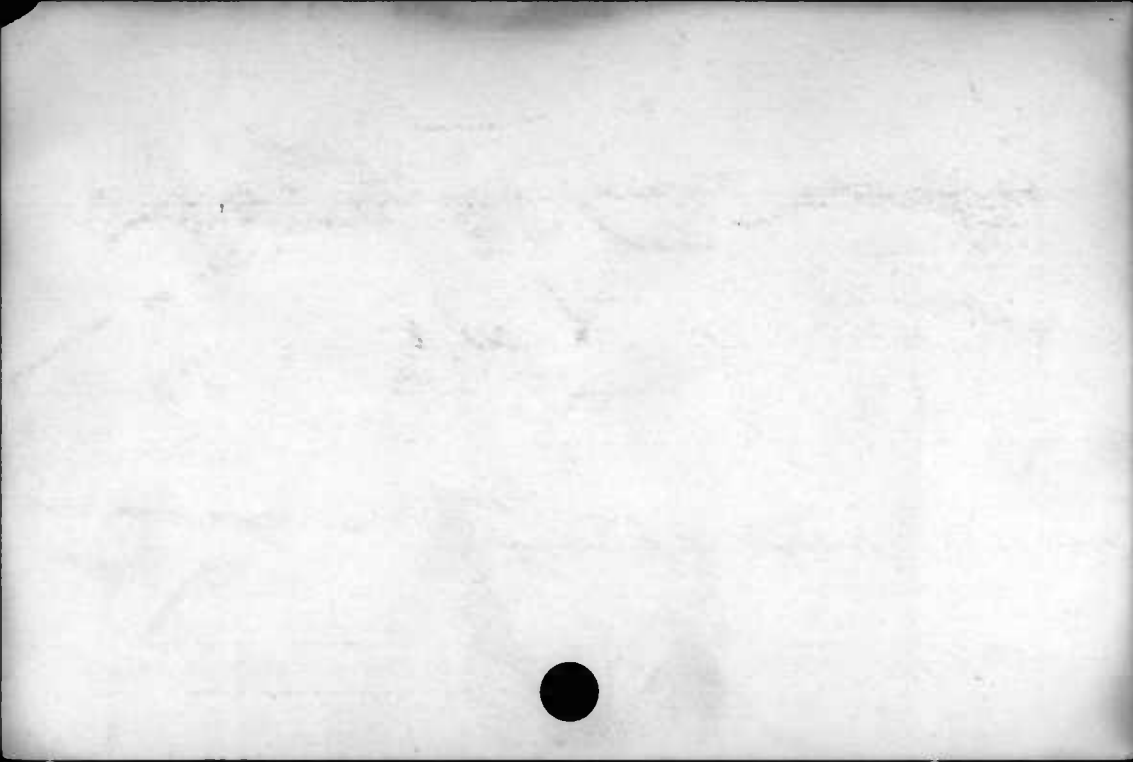
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martin O'Neill S.J.</i>		Town <i>Woodstock College</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Woodstock College</i>		Month <i>Aug</i>		Day <i>26</i>		Years <i>84</i>	
Date of death 190 <i>2</i>		Month <i>Aug</i>		Day <i>26</i>		Age <i>84</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>		Occupation	
Single		Occupation		Occupation		Occupation	
Name of Wife or Husband		Name of Wife or Husband		Name of Wife or Husband		Name of Wife or Husband	
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>		Father's Birthplace <i>not known</i>		Father's Birthplace <i>not known</i>	
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>		Mother's Birthplace <i>not known</i>		Mother's Birthplace <i>not known</i>	
Name of person giving information <i>Bro. P. Dugan S.J.</i>		How related to deceased <i>none</i>		How related to deceased <i>none</i>		How related to deceased <i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>Simultaneous for months</i>
Immediate <i>and General Debility</i>	How long <i>Simultaneous for months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Hyatt, M.D.</i>
	Address <i>Grand</i>
Accident or Suicide?	



Name
in
Full

Simon Parman

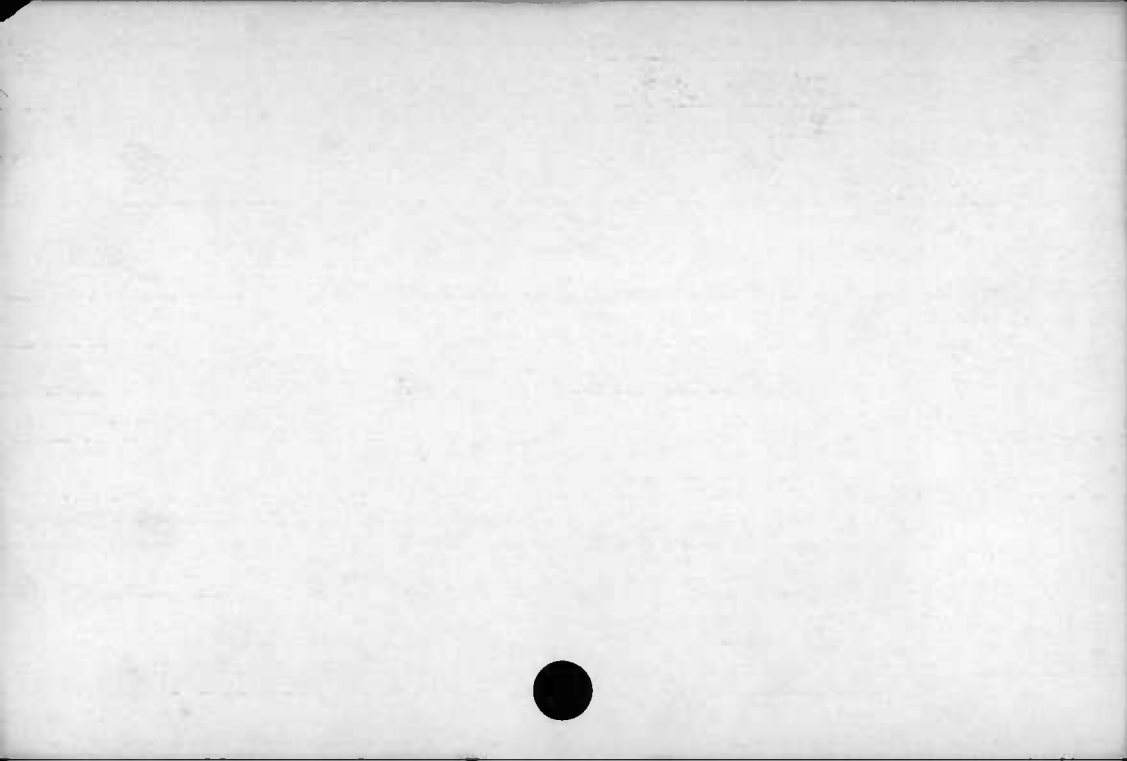
CERTIFICATE OF DEATH

Died at		Calumville		County		Baltimore		MARYLAND	
Date	of death 1902	Month	Aug	Day	5	Years	72	Months	Days
Sex	Male		Color or Race	white		Birth-place	Not Known		
Married, Single, or Widowed				Occupation					
				none					
Name of Wife or Husband									
Father's Name				..		1920.		Father's Birthplace	
Mother's Maiden Name								Mother's Birthplace	
Name of person giving information				C. P. Puster				How related to deceased	
								none	

CAUSES OF DEATH

Primary	Bright's Disease		How long	—	
Immediate			How long	—	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		
			B. Whiteley M.D.		
			Address		
			Calumville Md		
Accident or Suicide?		✓			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alice Ann. Palmer

CERTIFICATE OF DEATH

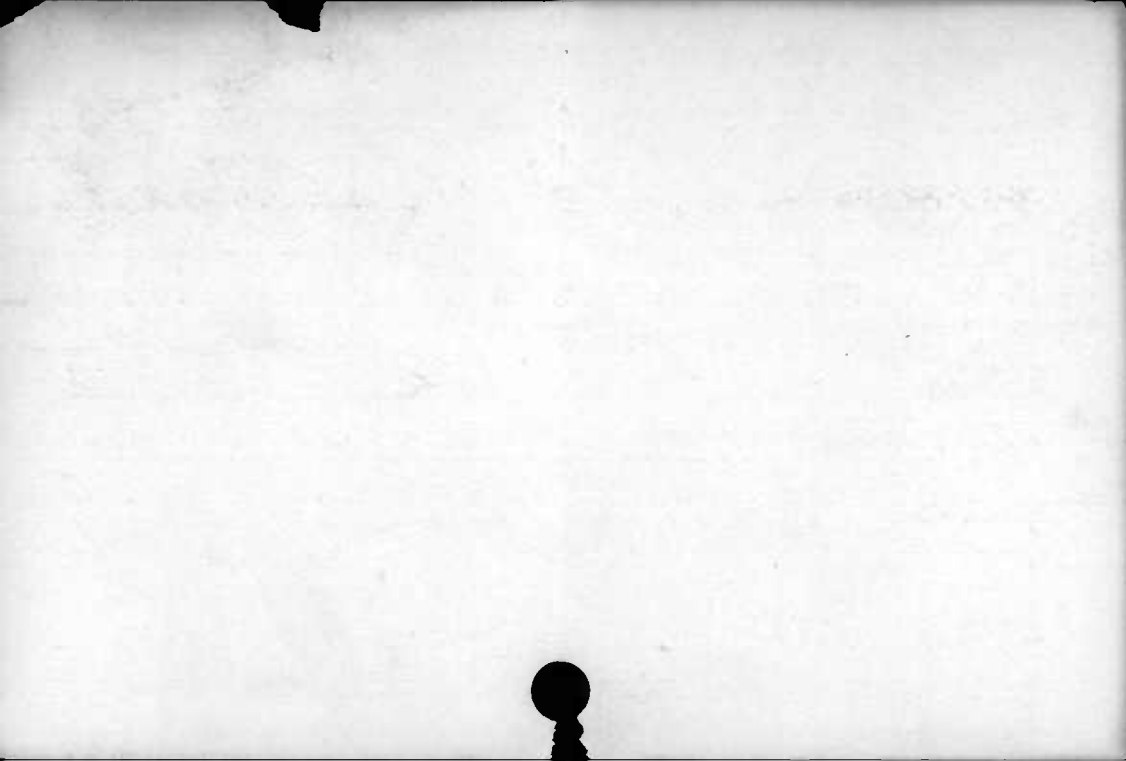
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walkers Switch</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>8</i> ^{Month}	<i>30</i> ^{Day}	Age <i>82</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Married, Single Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband		<i>William C. Palmer Deceased</i>			
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>			
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>			
Name of person giving information <i>Mrs Joseph Wilson</i>		How related to deceased <i>Not related</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Gangreen in foot</i>	How long <i>2 months</i>
Immediate <i>Blood poisoning or Heart failure.</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R R Morris</i>
	Address <i>Parkton Md</i>
Accident or Suicide?	



Name
in
Full

Still Born child
of Mrs + Mr. Harry A Parr

CERTIFICATE OF DEATH

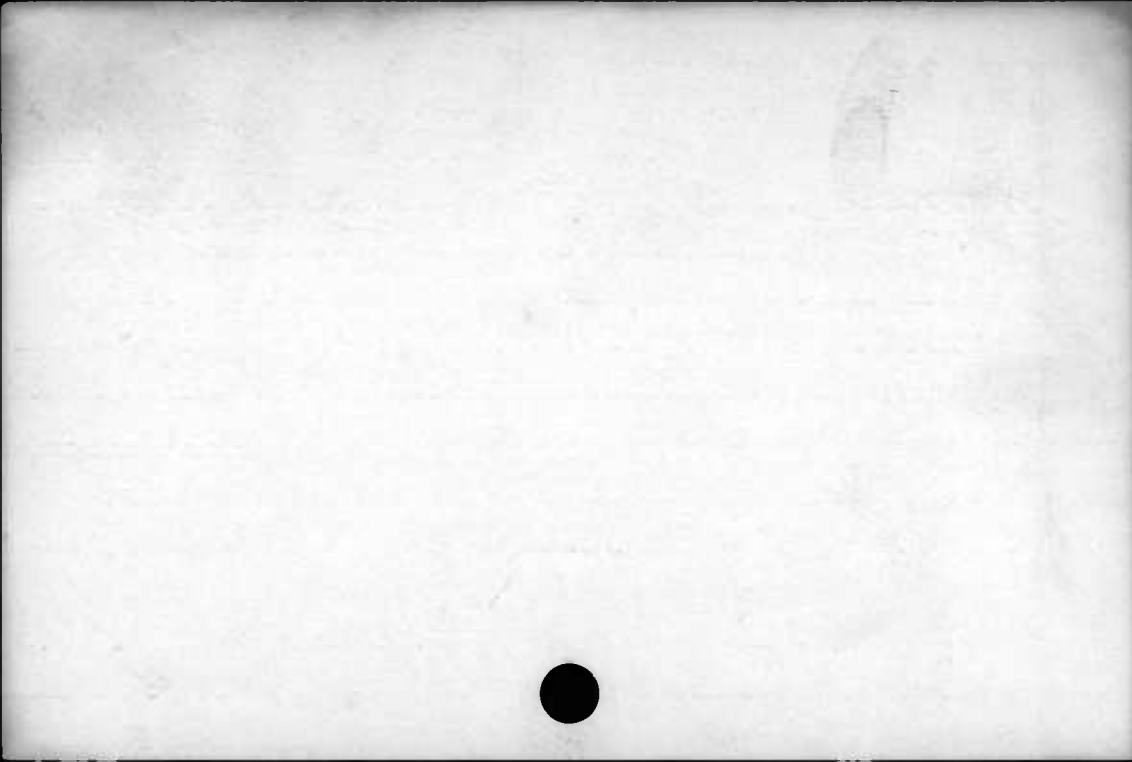
TO BE ANSWERED BY
NEAREST FRIEND

Died at Sherwood		Town Bolton		County		MARYLAND	
Date of death 190 2	Month Aug	Day 28	Age —	Years —	Months —	Days —	
Sex Male		Color or Race White		Birth-place Sherwood			
Married, Single or Widowed —				Occupation —			
Name of Wife or Husband —							
Father's Name Mr. Harry A Parr				Father's Birthplace Maryland			
Mother's Maiden Name Mrs. " " "				Mother's Birthplace " "			
Name of person giving information Mr. Geo. Parr				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature Birth	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. E. Neale
	Address 108 E. Read St.
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~Husband
ofFather's
Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Phillips

Town

County

Canton

Baets.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Aug.

19

Age

73

-

-

Wales

Copper Smelter

Married

~~Widow~~~~Divorced~~~~Single~~~~Widower~~

Number of children living

4

Elizabeth Phillips

Mother's

Acute Septicemia

Uraemia

3 weeks

W. W. Jones
3118 O'Donnell St

Mr Carmichael

H. Anderson
Mt Carmel, Cal

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rosevelt Phipps

Died at ^{Town} *Chattolamee* ^{County} *Baltimore*

MARYLAND

Date of death 190 ^{Month} *2* ^{Day} *8* ^{Years} *10* Age ^{Months} *11* ^{Days} *24*

Sex *Male* Color *—* Birth-place *Baltd. Co.*

~~Married Single~~ Occupation *—*

Name of Wife or Husband *—*

Father's Name *Austin Phipps* Father's Birthplace *Virginia*

Mother's Maiden Name *Sarah Skyles* Mother's Birthplace *Baltd. Co.*

Name of person giving information *Austin Phipps* *105* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *Two weeks*

Immediate *Inanition* How long *—*
Are the name, age, sex, color, date and place correctly given above? *—*
Signature of Physician *H. Louis Taylor*
Address *17 Pikeville Md*
Accident or Suicide? *—*

Name In Full

Certificate of Death

Roder Quinn

Died at

MARYLAND

Date 19

St Agnes Sanitarium

County

Belt-

Month

Day

Y.

M.

D.

Name of

Occupation

or Aug. 4

Age

22

Belt. Contractor

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Tumor obstructing bile duct, causing jaundice

How long sick

Death

Immediate

Infection, Pulmonary edema

Accident, Suicide, Homicide

Reported by

J. M. Ryan M.D.

Address

St Agnes' Sanitarium

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Charles Algernon Rondall (32)

Town

County

Died at

Hutthorpe Balto

MARYLAND

Date 19

02 Aug 18th

Age

6 —

Native of

Maryland

Occupation

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Dead

Mother's

Maiden Name

Mary Elanor Marsh

Cause of

Primary

Death

Immediate

Diphtheria

9 W

How long sick

7 days

~~Accident, Suicide, Homicide~~

Reported by

Arthur Williams M.D.

Address

EKR Ridge Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79855

Rev. A. R. Law

Mary A. Randle

Town

County

MARYLAND

Died at

Kingville

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 15

Age

89

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband of

Wife

Father's

Name

Geo. Shoemaker

Mother's

Maiden Name

Raeael Herbert

Cause of

Primary

Bronchitis & old age

How long sick

One week

Death

Immediate

Exhaustion

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

E. M. Walters

154

Address

Upper

Falls road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Arbutus
Baileto

Name in Full

Certificate of Death

Elina Pader.

Town

County

Died at

Hagerstown - Baltimore.

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

Aug. 4-

Age

75

Md.

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

4.

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Paralysis.

No

How long sick

2 months

Accident, Suicide, Homicide

Reported by

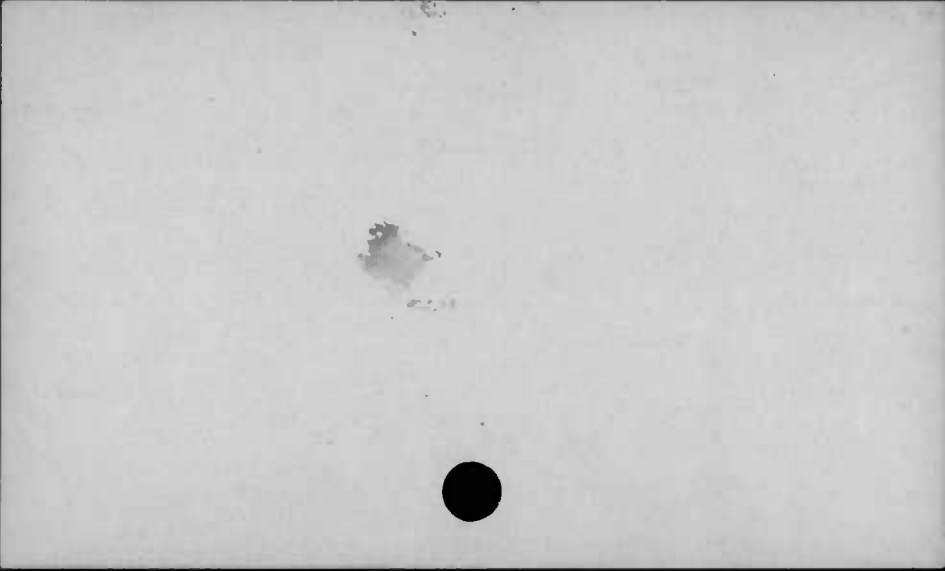
Jas. H. Wilson M.D.

Address

Fowlesburg, Balto., Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Bessie C. Robertson

Died at Staten's Bates MARYLAND

Date 19 08 Aug. 31 Age 3 American
 Month Day Y. M. D. Native of Occupation
~~Male~~ White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Mother's

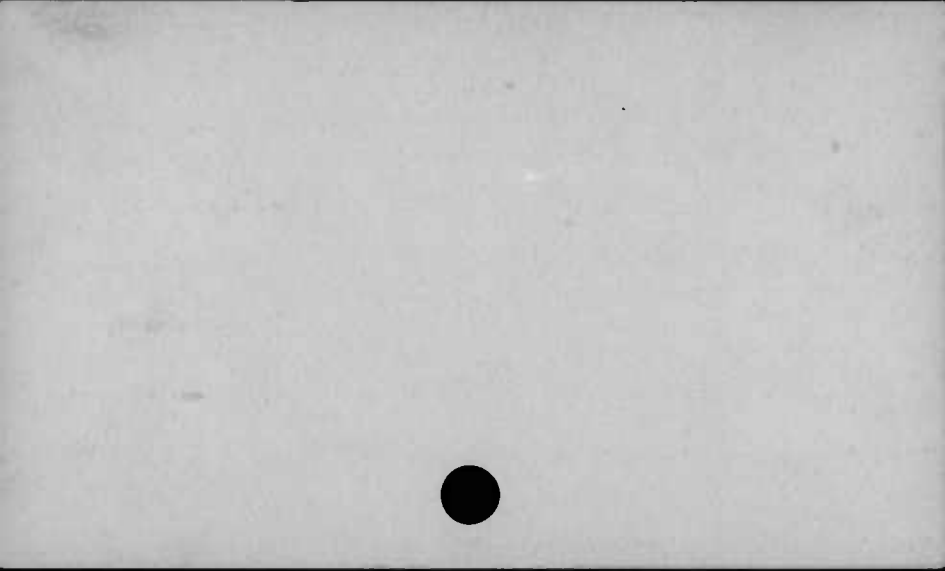
Name Maiden Name

Cause of Cholera Infantum How long sick
 Primary Week
 Death Immediate Accident, Suicide, Homicide

Reported by A. G. Staten, Md.Address 1301 N. Central Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Mabel R. Roberson

Died at ^{Town} White Marsh^{County} Balto

MARYLAND

Date 1902 ^{Month} Aug ^{Day} 20 ^{Age} 0 ^{Y.} 4 ^{M.} 15 ^{D.} 5 ^{Native of} Ind ^{Occupation} —~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Charles Roberson

Mother's

Maiden Name

Mary Slerberg

Cause of

Primary

Dysentery

How long sick

19 days

Death

Immediate

Aschemia

14

~~Accident, Suicide, Homicide~~

Reported by

Address

J. W. Harrison M.D.
Middle River

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Katherine Rommel,

Town

County

Died at

MARYLAND

Date 1902

Month Day

Age

Y.

M.

D.

Native of

Occupation

Aug. 6,

9-

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tetanus (Lock Jaw)

How long sick

5 days.

Death

Immediate

Failure of Vital Forces

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Florence Isabella Rutter

CERTIFICATE OF DEATH

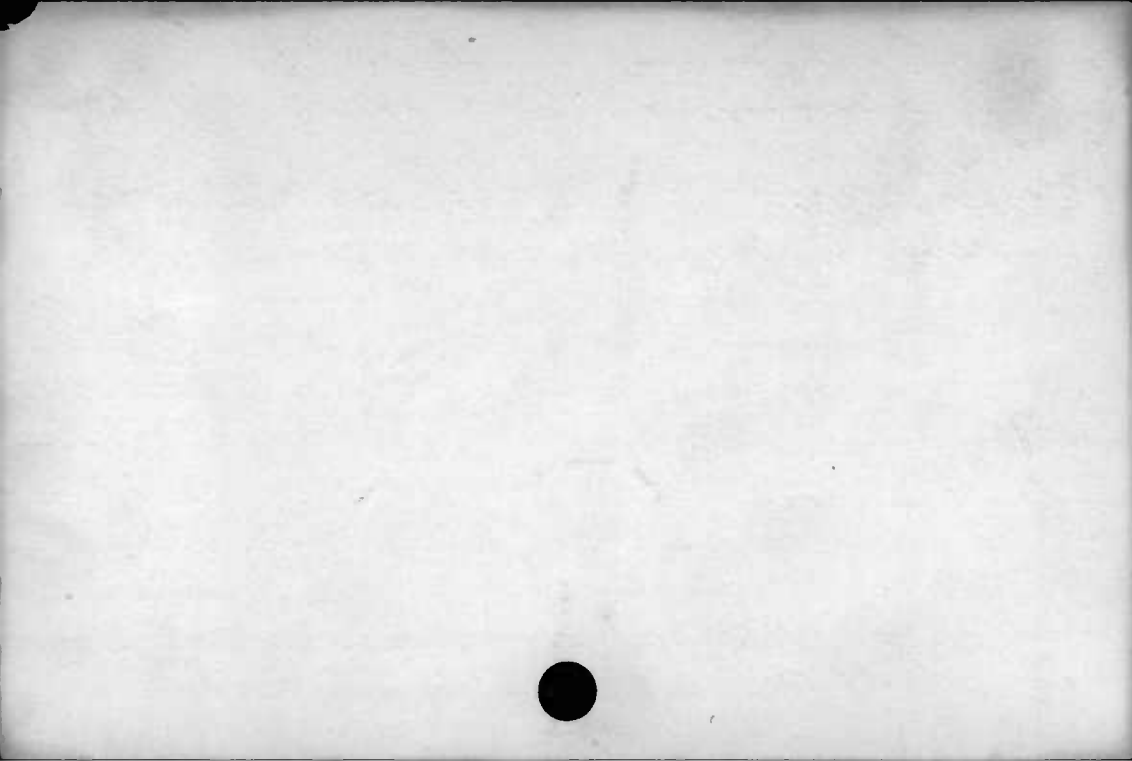
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1902		Aug.		21		Age 24	
Sex		Color or Race		Birth-place		Months	
feminine		white		Prince George Co.		7	
Married, Single or Widowed		Occupation				Days	
Single						12	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Edward T. Rutter				Balto. Co.			
Mother's Maiden Name				Mother's Birthplace			
Marion J. Skasko				Talbot Co.			
Name of person giving information				How related to deceased			
Hanson Rutter				Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Consumption 27		about 2 years	
Immediate		How long	
Heart failure		one day	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W H A Campbell, M. D.	
		Address	
		Crown's Mills, Ind.	
Accident or Suicide?		✓	



Albert Sammet

Town

County

Died at

Banton

Baltimore

MARYLAND

Date 19

02

Month

Day

Aug 8th

Age

52

Y.

M.

D.

Native of

German

Occupation

Laborer

Male

White

Married

~~Widow~~~~Deceased~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Drowned

Death

Immediate

Drowned

How long sick

Accident, ~~Swindle~~, ~~Homicide~~

Reported by

John Hermann J. Baron

Address

606 Eastern Ave. Highland Park Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wendell & Dyke
St Alphons

Name
in
Full

CERTIFICATE OF DEATH

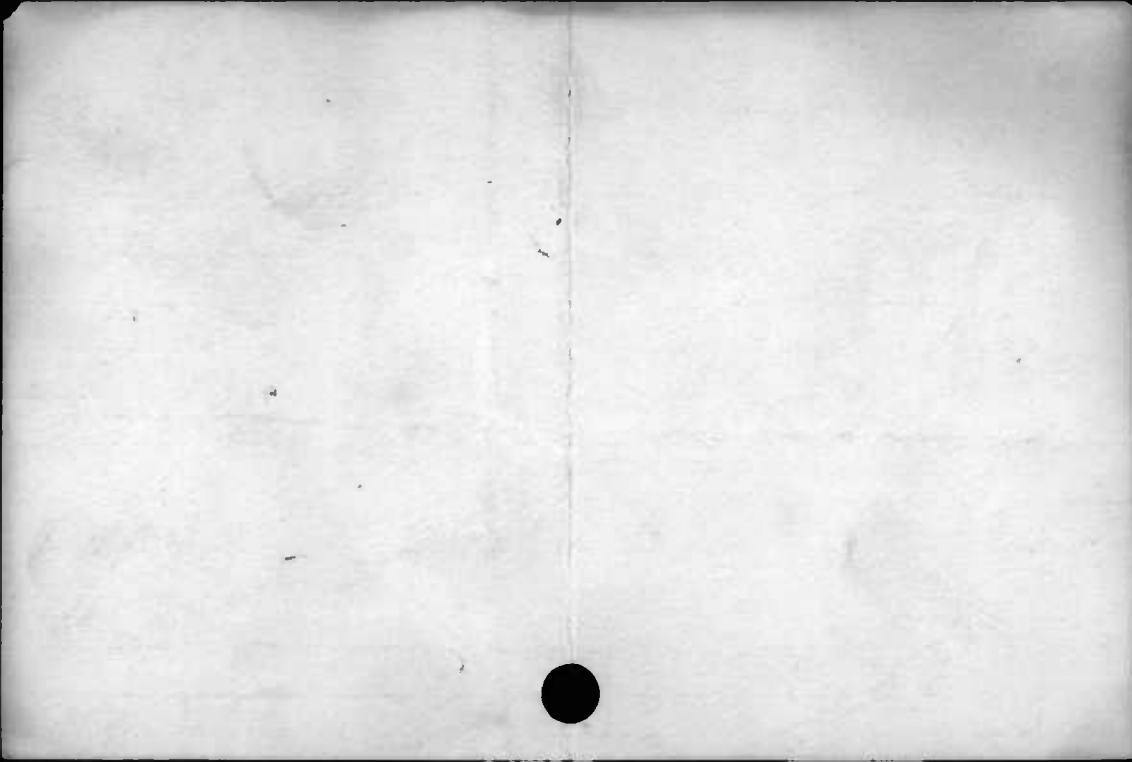
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckleysville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>69</i>	Years	Months <i>1</i> Days <i>3</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Buckleysville</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Catherine York</i>					
Father's Name <i>John M Samble</i>			Father's Birthplace <i>Canoll Co</i>		
Mother's Maiden Name <i>Aplonie Shaffer</i>			Mother's Birthplace <i>Baltimore Co</i>		
Name of person giving information <i>Jew T. Henry</i>			How related to deceased <i>no</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hypertrophy & chronic Excessively</i>	How long <i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Jacob H. Sherman M.D.</i>
		Address <i>Manchester Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>		



Name in Full

Certificate of Death

Elizabeth H. Scally

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Annie E. Schaffer

Died at ^{Town} Heblville ^{County} Baltimore MARYLAND

Date 18902 Aug. 23rd Age 73. 6. Y. M. D. Native of Bavaria Germany Occupation housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Female Colored Single Widower Number of children living one

~~Husband~~ of wife Wm. Schaffer

Father's Name Mother's Name

Cause of Death { Primary Hypertrophic Cirrhosis - 1 year
Immediate of liver

How long sick 1 year

Accident, Suicide, Homicide

Reported by Dr. A. C. S. Mink

Address Heblville Maryland



Name
in
Full

George J. Schlichthorn

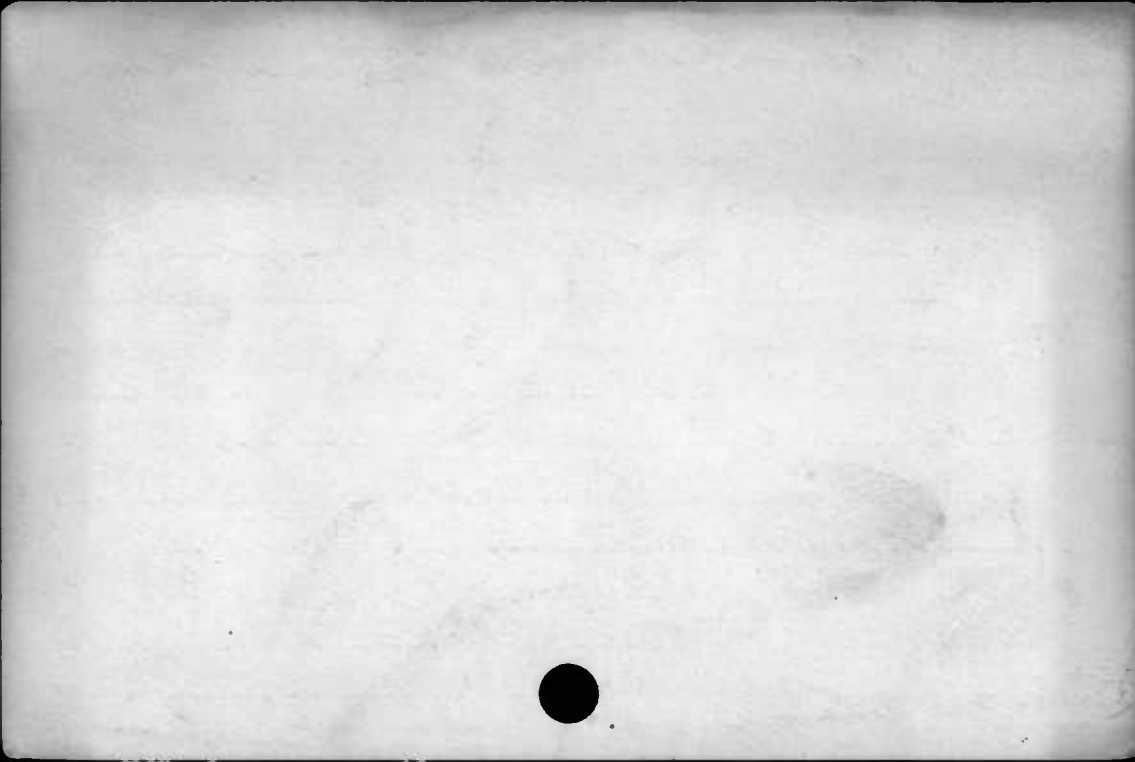
3
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Willettsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>28</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balt o</i>		
Married, Single or Widowed			Occupation <i>Butcher</i>		
Name of Wife or Husband					
Father's Name <i>Ferdinand George Schlichthorn</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name			Mother's Birthplace <i>" "</i>		
Name of person giving Information <i>Ferdinand Sobel</i>			How related to deceased <i>step father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>—</i>
Immediate <i>Gun shot wound</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>August W. Miller, Coroner</i>
<i>Yes.</i>	Address <i>Dr. Williams</i>
Accident or Suicide?	<i>Baltimore</i>



Name in Full

Certificate of Death

Rena M Schutte

Town

County

Died at

Kingsville

Balto

MARYLAND

Date 19

02

Month

Day

Aug 11

Y.

M.

D.

Native of

Occupation

Age

1 5 6

Md.

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

~~Wife~~

Father's

Name

Paul Schutte

Mother's

Maiden Name

Louisa Steigler

Cause of

Primary

Cholera Infantum

How long sick

one week

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J F H. Gorsuch M.D.

Address

Fork Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Joseph A. Shargreen
 Town *Agassiz Ave.* County *Baltimore* MARYLAND
 Died at

Date 1902 *Aug. 13* Month *Aug.* Day *13* Y. *2* M. *8* D. *Baltimore* Native of *None* Occupation
 Male *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* *Widower* Number of children living

Husband of

Wife

Father's

Mother's

Name Maiden Name

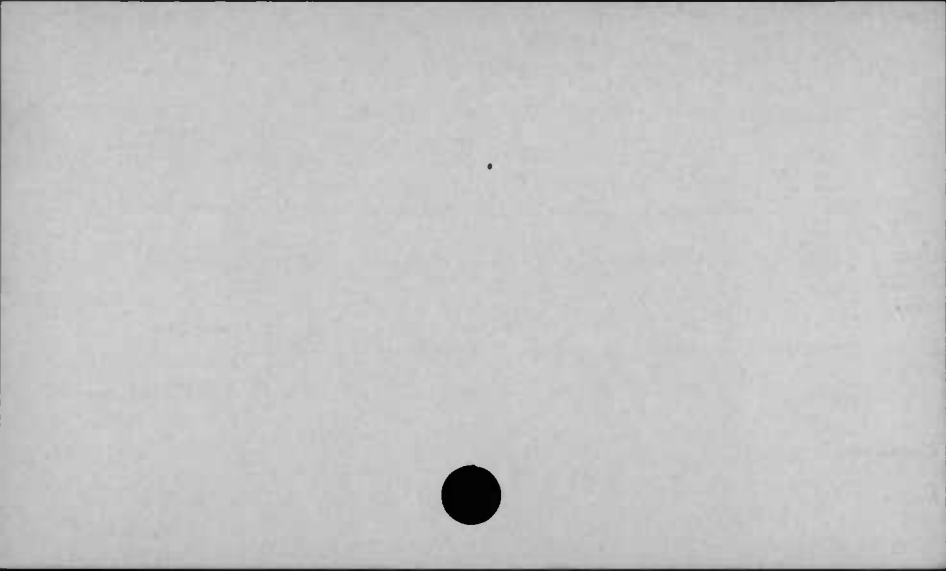
Cause of *Enterocolitis* Primary How long sick *10 min*
 Death Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899



Name in Full

Certificate of Death

Willie R. Shelly

Town

County

Died at

Mann

Baltimore

MARYLAND

Date 19

22

Month

Aug 9

Day

Age

Y.

4

M.

2

D.

Native of

US

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

W. S. Shelly

Mother's

Maiden Name

Blanche Royston

Cause of

Primary

Enteric Colitis

How long sick

3 W

Death

Immediate

Asphyxia

105

~~Accident, Suicide, Homicide~~

Reported by

W. Ross Payne

Address

Corbett Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William E. Shervette

Town

County

Died at

Lowhatan

Balto.

MARYLAND

Date 1912 Aug 15th Y. 50 M. 1 D. 1 Native of U.S. Occupation U.S. Postmaster

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 6

Husband
Wife of

Mary Shervette

Father's
Name

William

Mother's
Name

Anna

Cause of

Primary

Acute Lobar Pneumonia

How long sick

3 days

Death

Immediate

Cardiac insufficiency

Accident, Suicide, Homicide

Reported by

A. C. Smith M.D.

Address

Lowhatan

Md

Busy at
Pocahattan

for B Coors
General Director

Name In Full

Certificate of Death

Lewis Edward Shroyer.

Died at Loch Raven Baltimore MARYLAND
 Town County

1902
 Date 189 Aug. 8th 25 3 1 md. Line-man.
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widow Number of children living

Husband
 of
 Wife

Father's Name Lewis Shroyer. Mother's Name Elizabeth Schwartz.

Cause of Death { Primary Typhoid fever. How long sick 2 weeks.
 Immediate Peritonitis. Accident, Suicide, Homicide

Reported by H. J. Harrison, M.D.

Address Loch Raven.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amos Snowden

Died at ^{Town} North Point^{County} Balto

MARYLAND

Date ^{Month} ^{Day}

Y. M. D.

Native of

Occupation

1892 8 26

Age

3 14

Balto Co

None

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Rudolph Snowden

Mother's

Name

Gertie Jackson

Cause of

Primary

Indigestion 105

How long sick

4 Weeks

Death

Immediate

Marasmus

~~Accident, Suicide, Homicide~~

Reported by

F.C. Eldred M.D.

Address

Spencer Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

E. Colbridge

of

Sparrows Point

Seen by Coroner

of

~~*North Point*~~

Green Willow Cement

Information contained in this certificate received

from

Aug 27th 1902

of

Name
in
Full

George Squire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonville</i> <small>Town</small>		<i>Belt</i> <small>County</small>		MARYLAND	
Date of death 1902	<i>August</i> <small>Month</small>	<i>21</i> <small>Day</small>	Age <i>68</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Carroll Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>one year</i>
Immediate <i>Mania</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas Macgill</i>
	Address <i>Catonville</i>
Accident or Suicide?	<i>Mc</i>

elav



Lena Staufenberger

Died at ^{Town} Canton ^{County} ~~md~~ Baltimore Co. MARYLAND

Date 1902 ^{Month} Aug. ^{Day} 26 ^{Y.} 58. ^{M.} ^{D.} ^{Native of} Germany ^{Occupation} Housekeeper

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Number of children living} 2

^{Female} ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of George Staufenberger

Wife

Father's Name John Link Mother's Name Sussan Krebs

Maiden Name

Cause of Death { Primary Gasoline Burns. 1167 How long sick about - 4 days

Immediate Heart Failure. Accident, ~~Suicide~~, ~~Homicide~~

Reported by R.S. Kirk M.D.

Address 1610 E. Balto St Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Schwarz's Cemetery

Aug. 28th 1902

Germanus Vance

Undertaker

Name in Full

Certificate of Death

John H. Sticklein
 Town *Highlandtown* County *Balto.*

MARYLAND

Died at *Highlandtown Balto.*
 Date 19 *02* Month *Aug* Day *16* Y. *6* M. *12* D. *12* Native of *Ma* Occupation *None*
 Male *White* Married *Widow* Divorced *None*
 Female *Colored* Single *Widower* Number of children living *—*

Husband of *—*
 Wife *—*

Father's Name *Joseph Sticklein* Mother's Maiden Name *Lizzie McNamee*

Cause of Death { Primary *Inanition* How long sick *105*
 { Immediate *Diarrhoea* Accident, Suicide, Homicide

Reported by *E. B. Britton M. D.*

Address *1711 E. Balto. St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Germanus France
Under the

Sacred Heart Cemetery
Aug. 18 th 1902

Name in Full

Certificate of Death

Emma Sarah Stonerize

Died at

Town Rochdale County Balto

MARYLAND

Date

1902 Aug 6th

Age

4

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Oliver Stone

Mother's

Name

Mary Stone

Cause of

Primary

Marasmus

How long sick

Death

Immediate

Ill - Colic

105

Accident, Suicide, Homicide

Reported by

A. C. Sumich M.D.

Address

M. Jos. Brown leg 25 N. Fulton Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

Annis E. Sumwalt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reisterstown</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 1902	Month <i>Aug</i>	Day <i>11</i>	Age <i>78</i>	Years	Months	Days			
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>M. D.</i>						
Married, Single or Widowed <i>Widow</i>		Occupation <i>House wife</i>							
Name of Wife or Husband <i>Joshua B. Sumwalt</i>									
Father's Name <i>Nicholas J. Wood</i>		Father's Birthplace <i>M. D.</i>							
Mother's Maiden Name <i>Elyse Bickett</i>		Mother's Birthplace <i>New Jersey</i>							
Name of person giving information <i>Mrs. Dandenburg</i>		How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal dropsy</i>	How long <i>one year</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>15 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James Gore</i>
	Address <i>Reisterstown Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	

1000

Name In Full

Certificate of Death

George O. Swamer

Died at *301 Dillan St.* Town *Baltimore* County *MARYLAND*

Date 19*02* Month *Aug* Day *4* Y. *4* M. *4* D. Native of Occupation

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living

Husband of
Wife

Father's Name
Mother's Maiden Name *105*

Cause of Death	Primary	<i>Marasmus</i>	How long sick
	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide

Reported by *H. V. Schwatka, Jr.*

Address *2424 Main Ave.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Switzer

Died at

Baltimore, Calverton

MARYLAND

Date 19

02

Month

8

Day

16

Age

86

Y.

M.

D.

Native of

Germany

Occupation

White

Married

Widow

Divorced

Female

~~Colored~~

Single

don't know

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pulmonary Tuberculosis

How long sick

Sick when came here 2 yrs ago.

Accident, Suicide, Homicide

Reported by

Dr. Thos. C. Bresser

Address

Texas, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Etta Talbott —
 Town County

MARYLAND

Died at Arlington Baltimore
 Month Day Y. M. D. Native of Occupation
 Date 1902 Aug 24 Age 10.2 Baltimore None
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

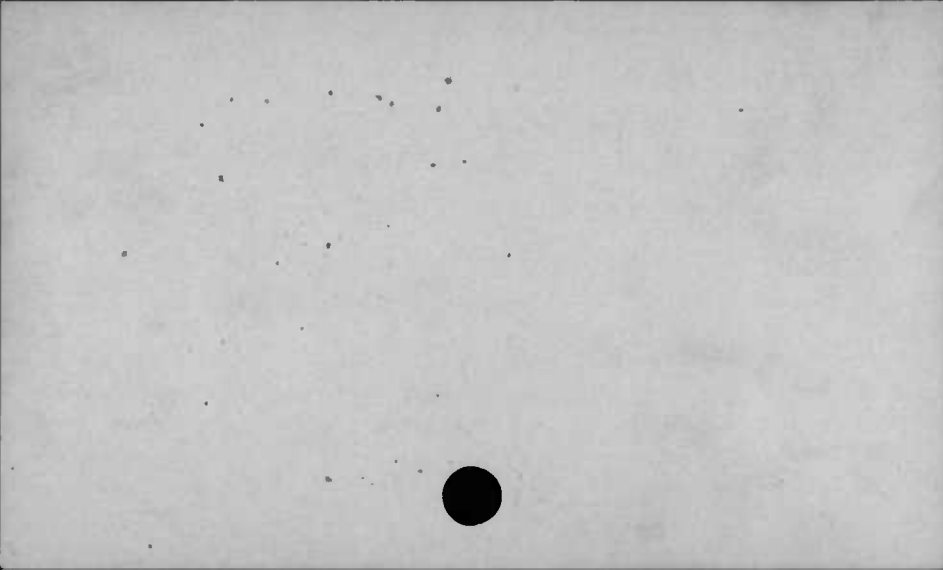
Father's Name B. R. Talbott Mother's Maiden Name _____

Cause of Primary Colitis How long sick 5 weeks
 Death Immediate meningitis 105 ~~Accident, Suicide, Homicide~~

Reported by Charles R. Hise

Address Arlington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name In Full

Certificate of Death

St George Williamson Teackle

Town

County

Govanstown

Baltimore

MARYLAND

Died at

Date

1902

Month

8

Day

30

Y

Age 53

M.

10 23

D.

Native of

Baltimore

Occupation

Physician

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Ida H. Teackle

Father's

Name

St George W. Teackle

Mother's

Name

Catherine Teackle

Cause of

Primary

Heart Disease

How long sick

2 hours

Death

Immediate

"

"

79

Accident, Suicide, Homicide

Reported by

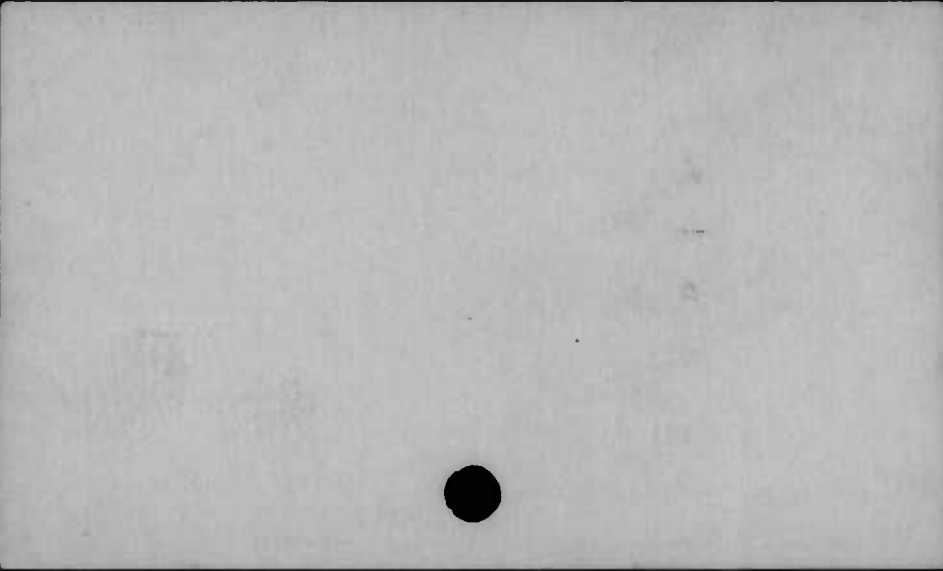
J. Oliver Dunes M.D.

Address

500 Franklin Terrace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF CONGRESS



Name In Full		Sarah E. Thackeray.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Leatsville <small>Town</small>		Baths <small>County</small>		MARYLAND	
	Date of death 190	2	Aug	30	Age	43	Months Days
	Sex	Female		Color or Race	white		Birth- place
	Married, Single or Widowed	Single		Occupation	None.		
	Name of Wife or Husband	X					
	Father's Name	X				Father's Birthplace	X
	Mother's Maiden Name	X				Mother's Birthplace	X
	Name of person giving information	X				How related to deceased	1
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Paranoia				How long	12 yrs.
	Immediate	Pulmonary Tuberculosis				How long	9 mos.
	Are the name, age, sex, color, date and place correctly given above?	Yes.				Signature of Physician	Gray Wade,
	Address	Leatsville, Md.					
Accident or Suicide?		No.					



Name in Full

Certificate of Death

James Francis Thomas

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 24

Age

1 2

Md

None

Male

White

~~Male~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~
of~~Wife~~Father's
Name

Robert E Thomas

Mother's
Name

Frances R Thomas

Cause of

Primary

Diphtheria

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

H S Rickard Md

Address

910 Conton St Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 85068

Frank Orzech,
Sacred Heart,

Name in Full

Certificate of Death

Thomas

Town

County

Died at

Towson

Balto.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

8

22

Age

1 1/2

us

Infants

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Jno. Thomas

Mother's

Name

Amanda Miller

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Cardiac Asthenia

151

~~Accident, Suicide, Homicide~~

Reported by

J. Royston Green M.D.

Address

Towson us.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name
in
Full

CERTIFICATE OF DEATH

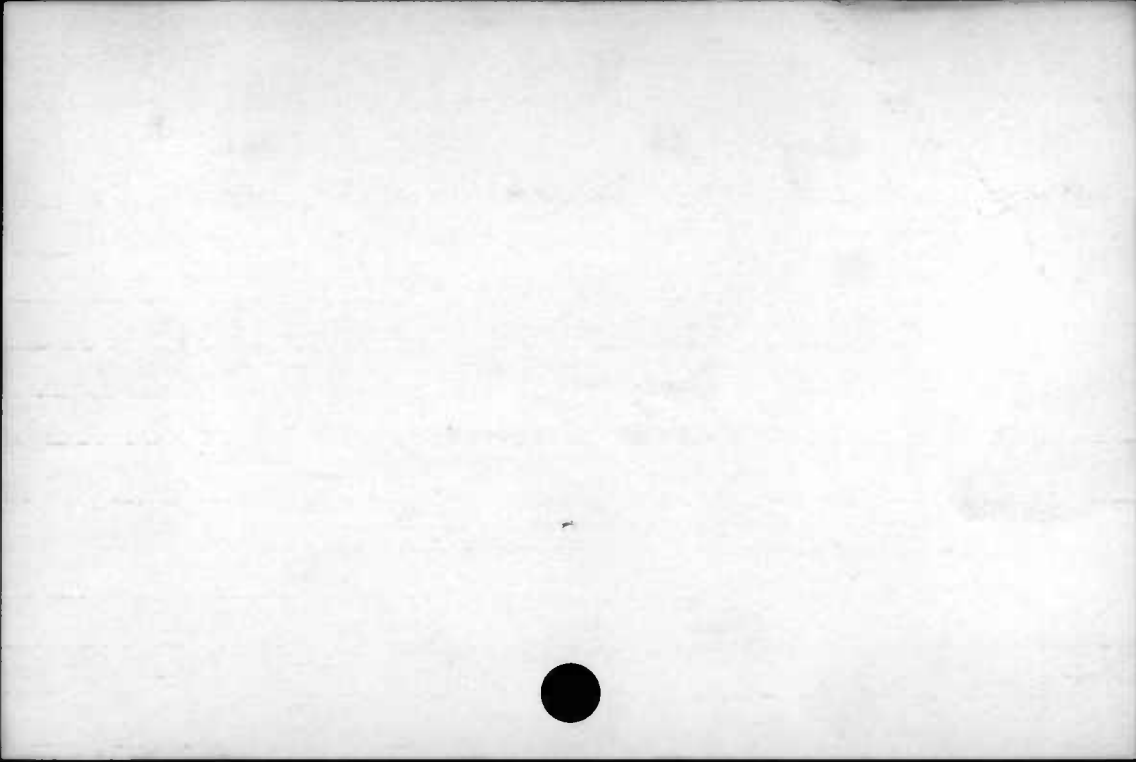
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mounton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>7</i>		Month <i>8</i>	Day <i>29</i>	Age <i>7</i> <small>Years</small>	Months <i>6</i> Days <i>23</i>
Sex <i>Male</i>		Color or Race <i>african</i>		Birth-place <i>Mounton, Md.</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Henry Thompson</i>			Father's Birthplace <i>Davidsonville, Md.</i>		
Mother's Maiden Name <i>Lucy Nicholson</i>			Mother's Birthplace <i>Bowie, Md.</i>		
Name of person giving information <i>James Thompson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>three weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. R. W. H. H. H.</i>	
		Address <i>Hereford, Md.</i>	
Accident or Suicide			



Name in Full		Louis R Turner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Batonsville</u> Town		County		MARYLAND		
		Date of death 190 <u>2</u>		Month <u>Aug</u>	Day <u>25</u>	Age <u>—</u> Years	Months <u>One</u>	Days <u>—</u>
		Sex <u>—</u>		Color or Race <u>Black</u>		Birth-place <u>Md</u>		
		Married, Single or Widowed		Occupation <u>—</u>				
		Name of Wife or Husband <u>—</u>						
		Father's Name <u>Charles Turner</u>		Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Mary Anerson</u>		Mother's Birthplace <u>South Carolina</u>						
Name of person giving information <u>Charles Turner</u>		How related to deceased <u>—</u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <u>Pneumonia</u>		How long <u>93</u>		How long <u>3 days</u>		
		Immediate <u>—</u>				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>C L Maupelot</u>		Address <u>Santa Fe</u>		
				Address <u>Calumet Md</u>				
		Accident or Suicide?						



Name
in
Full

James Tyler

CERTIFICATE OF DEATH

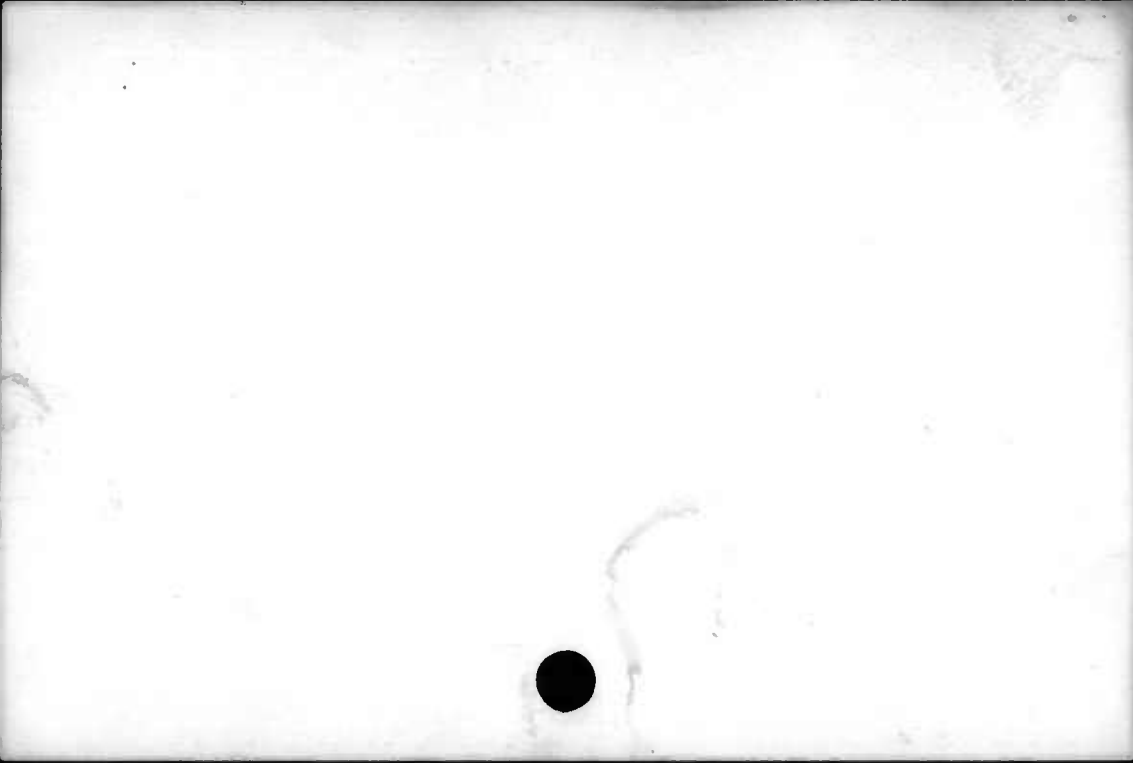
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lauraville</i>		^{County} <i>Baltimore</i>		MARYLAND	
Date of death 1902	Month <i>Aug</i>	Day <i>6</i>	Age <i>2</i>	Years <i>6</i>	Months <i></i>
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>M. H. Co. Md</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband					
Father's Name <i>James T Tyler</i>			Father's Birthplace <i>M. H. Co. Md</i>		
Mother's Maiden Name <i>Kate Adams</i>			Mother's Birthplace <i>M. H. Co. Md</i>		
Name of person giving information <i>B. George Tyler</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Secondary Syphilis</i>	How long <i>30</i>	<i>2 years</i>
Immediate <i>Paralysis</i>	How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Corcoran M.D.</i>	
	Address <i>Gardenville Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Beargins & Uhler
Town County

MARYLAND

Died at *Woodsbury*

Baltimore

Date of death 1902 *Aug* *6*

Age *27*

Months *7* Days *13*

Sex *Male*

Color or Race *White*

Birth-place *Balto co*

Married, Single or Widowed *Single*

Occupation *Farmer*

Name of Wife or Husband

Father's Name *Charles W. Uhler*

Father's Birthplace *Balto co*

Mother's Maiden Name *Mallie A. Lory*

Mother's Birthplace *Balto co*

Name of person giving information *John Uhler*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Injury - 27*

How long *years*

Immediate *Tuberculosis*

How long *years*

Are the name, age, sex, color date and place correctly given above?

Signature of Physician

Address

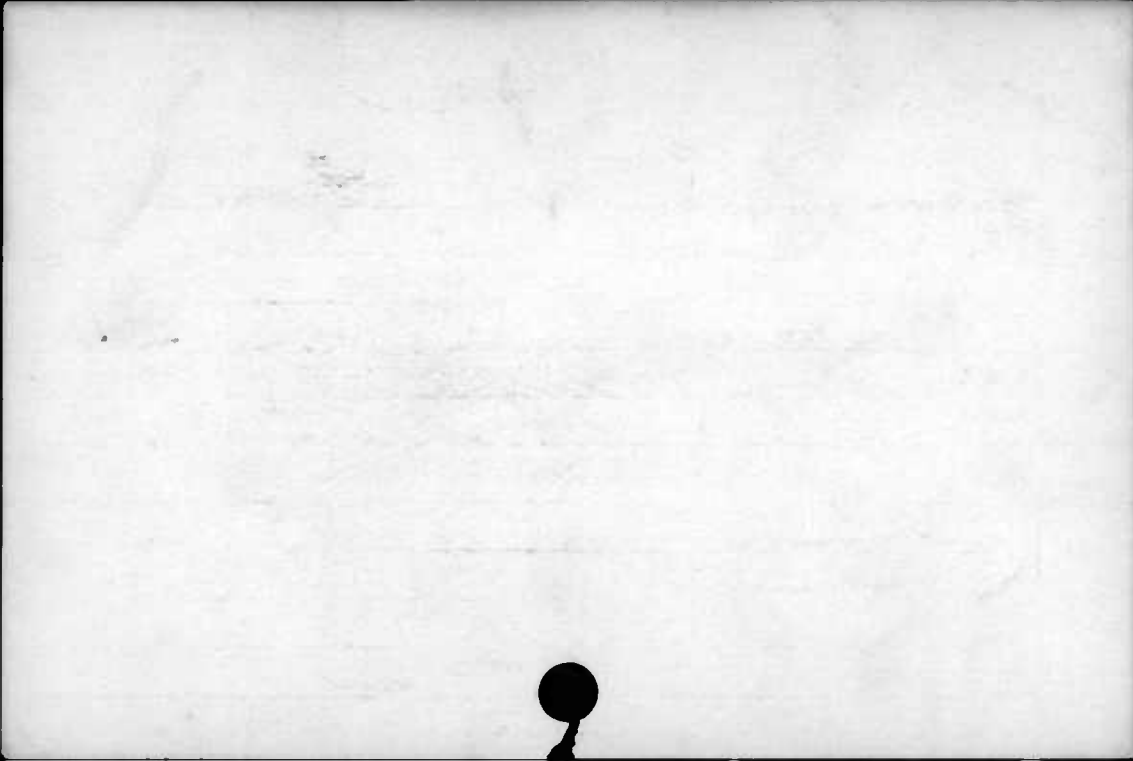
Yes

*John H. Wilson
Furberbury Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Anas Henry Mulker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County			
Date of death 190		2	Month	any	Day	12	Age
Sex		Male		Color or Race		white	
Married, Single or Widowed				Occupation			
Name of Wife or Husband				Father's Name		Charles Henry Mulker	
				Mother's Maiden Name		Zellie May Fisher	
Name of person giving information		C. H. Mulker		Father's Birthplace		Md.	
				Mother's Birthplace		Md.	
				How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	2 weeks
Immediate	Convulsions	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Fair	
Address		Baltimore	
Accident or Suicide?			



Name
in
Full

Joseph Edward Watson

CERTIFICATE OF DEATH

Died at <i>Pikeville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>8</i>	Day	<i>15</i>
Age		<i>63</i>		Years	<i>—</i>
Sex		<i>—</i>		Birth-place	<i>Balt. City</i>
Married, Single or Widowed		<i>—</i>		Occupation <i>Club collector</i>	
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>W. M. Matthews</i>				How related to deceased <i>none</i>	

CAUSES OF DEATH

Primary	<i>Senile Degeneration</i>	How long	<i>154</i>
Immediate	<i>Meningitis</i>	How long	<i>4 yrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. Nye</i>	
		Address <i>Pikesville Md.</i>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Roland Erwin Weitzel

Town

County

MARYLAND

Died at

Orangerville Balto

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

8 14

Age

1

-

1

M.d.

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

William J. Weitzel

Mother's

Maiden Name

Nettie C. Hartzell

Cause of

Primary

Enterocolitis

How long sick

about 2 wks

Death

Immediate

Acute Nephritis

Accident, Suicide, Homicide

Reported by

M. J. McAvoy

Address

839 S. Canton St Balto. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 76888

H. Maudslayi & Sons



Name in Full *Thomas Wm Welch*
 Died at *Grays* Town *Beet* County *MARYLAND*
 Date 19*02* Month *Aug* Day *18* Y. *28* M. *0* D. *0*
 Male *White* Married *Widow* Native of *va* Occupation *Laborer*
Female Colored Single Widower Number of children living *1*
 Husband of *Caroline Welch*
 Wife *Caroline Welch*
 Father's Name *William Welch* Mother's Maiden Name *Mariana Hackley*
 Cause of Death { Primary *Pneumonia* Immediate *Pneumonia* } How long sick _____
 { _____ } Accident, Suicide, Homicide _____
 Reported by *William E. Hodges MD* 93
 Address *Elliot City Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Adam Mendel,
 Town Hamilton County Baltimore MARYLAND
 Died at Hamilton Baltimore
 Date 1902 Aug. 6 Month Aug. Day 6 Y. 69 M. — D. — Native of Germany Occupation Retired
 Male White Married — Widow — Divorced —
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4
 Husband of Mary E. Schamloffel
 Wife — Father's Name — Mother's Maiden Name —
 Cause of Death { Primary Mitral Insufficiency Heart How long sick Several months
 Immediate Failure of Vital Forces ~~Accident, Suicide, Homicide~~
 Reported by Luigard & Whiteford M. D.
 Address Parkville Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Kegiah Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Foreston		County Baltimore		MARYLAND	
Date of death 1902		Month 8	Day 10	Age Years 84		Months 2	Days 1
Sex Female		Color or Race White		Birth- place Black Rock			
Married, Single or Widowed		Widowed		Occupation Housewife			
Name of Wife or Husband				Bryant M Wheeler			
Father's Name				Charles Wheeler			
Mother's Maiden Name				Elizabeth Eussor			
Name of person giving information				William Wheeler			
				Father's Birthplace Don't know			
				Mother's Birthplace 3rd Dist. Balt. Co.			
				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Paralysis		How long 3 years	
Immediate		Coma & Convulsions		How long 4 1/2 days	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician A. B. Mitchell	
				Address Baltimore, Md.	
Accident or Suicide?					



Name In Full

Certificate of Death

A. B. Whitaker.

Town

County

Died at

Mt. Hope Retreat

Balto

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

8

9

Age

35

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

none

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Epilepsy - Post Hemiplegic

How long sick

since Childhood

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. G. Hill.

Address

Mount Hope Retreat.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79804



Name
in
Full

Jennie White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>Luxemburg</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190	<u>2</u> Month	<u>Aug</u> Day	Age <u>44</u> Years	<u>4</u> Months	<u>4</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housework</u>		
Name of Wife or Husband <u>John White</u>					
Father's Name <u>John - Robak</u>				Father's Birthplace	
Mother's Maiden Name <u>Annanda Not known</u>				Mother's Birthplace <u>Germany</u>	
Name of person giving information <u>John White</u>				How related to deceased <u>husband</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cancer of bowels about 1 year since</u>	How long
Immediate	<u>" "</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thos D. Groves</u>
		Address <u>Luxemburg</u>
Accident or Suicide?		<u>no</u>

interment at St Alphonsus
Cemetery Balto

F. A. Krause & Bro
Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cht Zion</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>8</i>	Day <i>31</i>	Years <i>87</i>	Months <i>9</i>	Days <i>23</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>former</i>		
Name of Wife or Husband					
Father's Name <i>Christopher Wisner</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>annie Storms</i>			Mother's Birthplace <i>md.</i>		
Name of person giving information <i>J. Hinkle Wisner</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>45</i>	How long
Immediate <i>Cancer</i>		How long <i>6 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John H. Wilson</i>
		Address <i>Lowtherburg Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>		

To Be Buried
at Mt. Zion Sept. 2nd

W. H. Steffler
undertaker

Parkton S.C.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calinsville</i> <small>Town</small>		<i>Bell</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i> <small>Month</small>	<i>Aug</i> <small>Day</small>	<i>30</i> <small>Years</small>	Age <i>42</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Salesman</i>				
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>		Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>			
Name of person giving information <i>68</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Mania</i>	How long <i>4 mos</i>
Immediate <i>Exhaustion</i>	How long <i>4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Rude</i>
	Address <i>Calinsville, Ind.</i>
Accident or Suicide? <i>No</i>	



George Hiram Wolfe.

Town

County

MARYLAND

Died at

Catonville

Balto.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Aug 30

Age

40

Md.

Trav. Salesman

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

